

## A Framework and Resource Guide

# Conducting a Participatory Situation Analysis of Orphans and Vulnerable Children Affected by HIV/AIDS: Guidelines and Tools



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This publication was funded by USAID's Implementing AIDS Prevention and Care (IMPACT) Project, which is managed by FHI under Cooperative Agreement HRN-A-00-97-00017-00.

**Cover photo:** Children, some orphaned by AIDS, at a community day care project in Maputo, Mozambique. **Photo credit:** P. Bennett/IDRC

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Conducting a Participatory Situation  
Analysis of Orphans and Vulnerable  
Children Affected by HIV/AIDS:  
Guidelines and Tools

April 2005



## Acknowledgments

FHI greatly appreciates the opportunity to present in this publication experiences and lessons learned from individuals ranging from data collectors to policy makers. FHI would also like to give credit to the courageous adults and children who participated in the information gathering that made this publication possible. In addition, FHI would like to acknowledge the many dedicated stakeholders who will turn this information into action.

FHI recognizes that many reviewers found “extra” hours in their day to provide detailed input that substantially transformed the text. While it is impossible to recognize everyone who directly or indirectly contributed to the guide, the following individuals, many of whom served in multiple capacities, deserve special acknowledgement for their contributions.

### Author

Renee DeMarco  
HIV/AIDS Prevention and  
Mitigation Consultant

### Document

#### Coordinator

Susan Mathew  
FHI/Arlington

### Technical Lead

Sara Bowsky  
FHI/Arlington

### Reviewers

Gretchen Bachman  
FHI/Arlington

Janet Chime  
FHI/Zambia

Carol J. Culler  
HIV/AIDS Specialist  
USAID/Mozambique

Gina Dallabetta  
FHI/Arlington

Moses Dombo  
FHI/Arlington

Leanne Dougherty  
Futures Group

Donna Flanagan  
FHI/Thailand

Bitra George  
FHI/India

Stefan E. Germann  
REPSSI, Seconded by  
Salvation Army  
Advisor for Strategic  
Partnerships

Inoussa Kabore  
FHI/Arlington  
  
Jean-Claude Legrand  
Regional Advisor  
Child Protection  
West and Central Africa  
Regional Office, UNICEF

Mark Loudon  
Development Consultant

Robert Magnani  
FHI/Arlington

Karen Doll-Manda  
FHI/Zambia

Mike Merigan  
FHI/Cambodia

Ntjantja T. Ned  
Director, Programmes  
Nelson Mandela Children’s  
Fund (NMCF)

Walter Obiero  
FHI/Arlington

Rosemary Nnamdi-Okagbue  
FHI/Nigeria

Suzi Peel  
FHI/Arlington

Paul Pope  
FHI/Namibia

Sujata Rana  
HIV/AIDS Specialist  
Community REACH  
Project, Pact Inc.

Rose Smart  
HIV/AIDS Consultant

Sharifah Tahir  
FHI/Arlington

Julie Victor-Ahuchogu  
FHI/Arlington

Angela M. Wakhweya  
Senior Technical Advisor  
for OVC Programs  
Save the Children USA

John Williamson  
Senior Technical Advisor  
Displaced Children and  
Orphans Fund

Sonal Zaveri  
Consultant

## Preface

For over a decade, stakeholders at all levels have been mobilizing to mitigate the devastating effects of HIV/AIDS on children and their families. How do we know if we are making progress?

An analysis of the situation of orphans and vulnerable children serves as a neutral measure of action for children and families living in a world with HIV and AIDS. Collecting data that is not directly linked to specific programs allows stakeholders to identify strengths and weaknesses in national and sub-national responses.

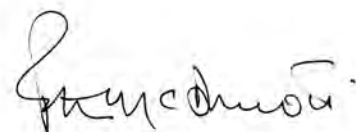
This guide offers a step-wise approach to conducting a situation analysis in conjunction with social science expertise in quantitative and qualitative research methods. It does not replace the need for technical guidance in data collection and analysis. The text and tools have emerged from Family Health International's country-specific work, as well as from harvesting experiences and lessons learned from those who have undertaken situation analyses of orphans and vulnerable children. The great variance in the way different countries have conducted such assessments dictates the need to promote a standard framework.

A complementary document, *Conducting a Situation Analysis of Orphans and Vulnerable Children Affected*

*by HIV/AIDS: A Framework and Resource Guide*,<sup>1</sup> offers a broad orientation to the process. Both documents reinforce the need for a participatory and systematic approach to assessing child vulnerability and its context. The standards advocated in these documents can be followed regardless of the scale of an initial or repeat situation analysis. The breadth of an analysis will be influenced by the available resources, the extent of the epidemic, and existing information and actions.

As described in these pages, a participatory situation analysis relies on gathering information from children. It is important to ensuring that the process promotes their human rights. *Ethical Guidelines for Gathering Information from Children and Adolescents*<sup>2</sup> provides concrete guidance on protecting children's rights and is an essential companion to this guide.

Choosing to conduct a participatory situation analysis demonstrates a serious commitment to improving the well-being of orphans and vulnerable children living in a world with HIV and AIDS. When used to mobilize stakeholders, the process will fuel informed decision-making and decisive action and enable us to measure the progress of our collective actions. In this way, we will know that we are making a difference.



Peter McDermott  
Chief, HIV/AIDS Section, Programme Division  
United Nations Children's Fund (UNICEF)  
New York

<sup>1</sup> Produced by the Population, Health and Nutrition Information Project for the United States Agency for International Development, Bureau for Africa, Office of Sustainable Development in February 2004 ([www.phnip.com](http://www.phnip.com))

<sup>2</sup> Being produced with USAID, Horizons, Family Health International, and UNICEF, *Ethical Guidelines for Gathering Information from Children and Adolescents* will be available soon at [www.popcouncil.org/horizons](http://www.popcouncil.org/horizons)

“A situation analysis of orphans and other vulnerable children is necessary before you plan for meaningful interventions to solve their problems and restore their hope for a meaningful future. It articulates the magnitude and the impact of the orphan situation in a given society and brings out all the ramifications and complexities compounding the problem. It provides clarity on what the real issues are and a basis for appropriate responses to these issues.”

—James Kaboggoza-Ssembatya  
Programme Officer  
Ministry of Gender, Labour and Social Development  
Uganda

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## Abbreviations and Acronyms

<b>AIDS</b>	acquired immune deficiency syndrome
<b>CBO</b>	community-based organization
<b>DHS</b>	demographic and health survey
<b>DR</b>	dependency ratio
<b>EPI</b>	Expanded Programme on Immunization
<b>FBO</b>	faith-based organization
<b>FGD</b>	focus group discussions
<b>FHI</b>	Family Health International
<b>HIV</b>	human immunodeficiency virus
<b>ID</b>	identification
<b>IMPACT</b>	Implementing AIDS Prevention and Care Project
<b>IRB</b>	institutional review board
<b>MICS</b>	Multiple Indicator Cluster Survey
<b>NGO</b>	nongovernmental organization
<b>OVC</b>	orphans and vulnerable children
<b>PABA</b>	people affected by AIDS
<b>PHNI</b>	Population, Health and Nutrition Information Project
<b>PLWHA</b>	people living with HIV/AIDS
<b>PSSP</b>	psychosocial support person
<b>REPSSI</b>	Regional Psychosocial Support Initiative for Children Affected by HIV/AIDS
<b>SPSS</b>	Statistical Package for Social Sciences
<b>UNAIDS</b>	United Nations Programme on HIV/AIDS
<b>UNGASS</b>	United Nations General Assembly Special Session
<b>UNICEF</b>	United Nations Children's Fund
<b>USAID</b>	United States Agency for International Development
<b>WHO</b>	World Health Organization

# Situation Analysis

Situation Analysis Steps	Time (Months)										Suggested Personnel	Relevant Chapters
	1	2	3	4	5	6	7	8	9	10		
Review rationale for undertaking situation analysis	X										User(s) of Situation Analysis Guide	Chapter 1
Appoint Situation Analysis Manager	X										Persons rallied to undertake situation analysis	Chapter 1
Conduct literature review	X										Situation Analysis Manager and consultant	Chapter 2
Select Advisory Team members and hold first meeting	X	X									All Advisory Team members	Chapter 2
Conduct secondary data analysis		X										Chpts 2, 3
Determine and prioritize analysis topic areas		X									All Advisory Team members	Chapter 3
Make strategic decisions about focus of data collection: select sites, amend data collection tools to match topic areas		X									All Advisory Team members, especially Technical Lead	Chapters 3 & 4
Develop budget	X	X									Situation Analysis Manager with Technical Lead	Chapter 2
Select and train interviewers and PSSPs			X	X							Situation Analysis Manager with Technical Lead	Chapter 3
Define sampling frame; gain access to field sites			X	X							Technical Lead and community advisors	Chapters 3 & 4
Conduct survey					X	X					Interviewers, supervised by team leaders and field supervisor	Chapter 4
Conduct in-depth interviews and focus group discussions					X	X					Interviewers/moderators, supervised by field supervisor	Chapter 4
Draft dissemination plan for findings and recommendations						X					Situation Analysis Manager with Advisory Team	Chapter 6
Enter data for surveys/semi-structured interviews/focus group discussions						X	X				Data entry staff, supervised by Technical Lead	Chapter 4
Data cleaning and prepare data for analysis							X				Data entry staff, supervised by Technical Lead	Chapter 4
Analyze data from surveys/semi-structured interviews/focus group discussions							X	X			Technical Lead, with consultants as needed	Chapter 5
Convene Advisory Team for preliminary discussion of results and brainstorming on applications								X			All Advisory Team members	Chapters 6 & 7
Complete draft report and solicit feedback											Situation Analysis Manager and Technical Lead	Chapter 6
Advisory Team meeting to discuss final results, methods of implementing applications, report dissemination										X	All Advisory Team members	Chapters 6 & 7
Disseminate findings and recommendations										X	All Advisory Team members and others noted in dissemination plan	Chapter 6

# Introduction

Worldwide, the number of children under age 15 who have lost one or both parents to AIDS stands at more than 14 million, and estimates predict this number will surpass 25 million by 2010. The vast majority – 11 million – of these children live in sub-Saharan Africa (*Children on the Brink*, 2002). This figure represents 11.9 percent of the region's under-15 population. The number of orphaned young people ages 15 to 18 who are suffering the personal and social devastation of AIDS is unknown. With infection rates still increasing and people continuing to die from AIDS, the disease will continue to cause large-scale suffering for children and their families for at least the next two decades.

The impacts of HIV/AIDS on children, families, communities, and countries are products of many interrelated factors and require responses that vary by family, community, and country. These factors include the local pattern of the spread of HIV infection, economic activities, service availability, resources, public knowledge and awareness, the social environment, culture, the legal environment, and political leadership. For responses and interventions to be effective with a strategic use of resources, they must be informed by a working understanding of the most significant of these factors and how they relate to each other in terms of causality and mitigation of the devastating impacts.

This framework and resource guide is intended to help people involved in programs assisting orphans and vulnerable children conduct a situation analysis. It is hoped that this guide will bring about a better understanding of the essential elements and outcomes of a situation analysis in order to promote realistic, effective, and feasible interventions to protect and improve the well-being of the children and families who bear the greatest impact of the AIDS epidemic. The guide serves as a tool for collecting and synthesizing in-country and sub-national information. Examples of **situation analyses** and related research are provided throughout the document to draw upon the variety of approaches, and their components, that communities and institutions have undertaken to assess their particular situation. We hope that these will be used as applicable lessons from actual experience.

A situation analysis includes the development of sound recommendations to promote shared understanding among interested parties, which could include government ministries, nongovernmental organizations (NGOs), international aid organizations, religious bod-

## Who is an orphan or vulnerable child?

The concepts of orphan and vulnerable child are social constructs that vary from one culture to another. In addition, these terms take on different definitions that can be at odds with one another depending on whether they were developed for the purpose of gathering and presenting quantitative data or for developing and implementing policies and programs. It is important to make this distinction and establish a “firewall” between definitions developed for one purpose versus the other. Problems occur in the field when definitions established for quantitative purposes are picked up and used for program targeting or eligibility criteria in policy and program implementation. The quantitative process must have clear boundaries and allow for absolute distinctions. In contrast, developing and implementing policies have to take into account local variations in what factors cause or constitute vulnerability. In the latter case, no one prescriptive notion will suffice for every occasion.

For quantitative purposes, the term orphan may refer to a child who has lost only his or her mother, only his or her father, or both parents. Different ages have also been used to classify children as orphans, with international organizations and governments variously defining orphans and vulnerable children in the under-15 or under-18 age groups. A UNAIDS report\* has defined an orphan and vulnerable child as “a child below the age of 18 who has lost one or both parents or lives in a household with an adult death (age 18-59 years) in the past 12 months or is living outside of family care.” The concept of vulnerability is complex and may include children who are destitute from causes other than HIV/AIDS.

\* Report on the Technical Consultation on Indicators Development for Children Orphaned and Made Vulnerable by HIV/AIDS. UNAIDS/UNICEF. Gaborone, Botswana. April 2-4, 2003

ies, the public and private sectors, and community groups. All have a stake and play a role in addressing and responding to the needs of children and families destabilized by the impact of HIV/AIDS on their lives.

This guide is somewhat broad in nature. More detailed guidance on methods and tools for conducting a situation analysis is available in the Family Health

International (FHI) document *Assessing the Situation of Orphans and Other Vulnerable Children Affected by HIV/AIDS: A Guide for Implementers* (2004). The FHI guide outlines methods for assessing factors surrounding orphans and vulnerable children in order to provide programmers in the field with specific tools and resources to assist them in a step-wise approach to the assessment process. To that end, it focuses on the process, while this framework and resource guide tells you what is important and necessary. Together, this framework and resource guide and the FHI assessment guide are envisioned as complementary resources for developing systematic approaches to assessing child vulnerability.

## Situation Analysis Versus Needs Assessment

A situation analysis is a process of gathering and analyzing information to guide planning and action. It provides a synopsis of a particular situation at a given point in time that can be useful to different audiences for a variety of purposes, including:

- Policy and strategy development
- Advocacy
- Social mobilization
- Information exchange
- Stakeholder coordination and collaboration
- Program design

A situation analysis differs from a needs assessment in a few ways. The needs assessment is a narrower concept in that it basically assesses what problems exist and what needs to be added or scaled up to address them. The situation analysis is broader in scope in that it identifies priority problems in a complex situation and also considers the underlying dynamics with a view toward identifying potential points of intervention. It also focuses on capacities and identifies not only current policies and relevant services but current and potential stakeholders as well. The effort among all stakeholders – children, families, and communities primary among them – must be a collaborative one. From this process, the information gathered and analyzed is used to facilitate the process of planning systematic, strategic, and integrated collaborative responses that successfully address child vulnerability.

In the context of children and families affected by HIV/AIDS, situation analysis involves gathering information about the epidemic, its consequences, household and community coping responses, and relevant policies and programs. It concludes with analyzing the information gathered, identifying geographic and programmatic

priorities, and making specific recommendations for action. Depending upon the purpose and scope, the situation analysis provides valuable information that can serve as a basis for making difficult choices about how to direct resources to benefit the most seriously affected children, families, and communities. The process by which a situation analysis is undertaken can increase awareness of the impacts of HIV/AIDS on children and families, strengthen collaboration and coordination among partners, and facilitate the development of a common agenda for strategic action.

A situation analysis should be more than a technical exercise to generate information; it should help build consensus among key stakeholders. Collaboration to mitigate the impacts of HIV/AIDS becomes essential as an HIV epidemic spreads. Conducting a situation analysis as a broadly inclusive, highly participatory process provides a vital opportunity to bring together key participants – those already engaged and those who will need to be – and to identify in broad terms the best way forward. These might include relevant ministries, international organizations, donors, NGOs and their coordinating bodies, associations of people living with HIV/AIDS, religious bodies, women's associations, members of seriously affected communities, university departments, civic organizations, youth groups, the business community, or other concerned groups. If key stakeholders participate actively, they are more likely to feel ownership of and commitment to the findings of a situation analysis.

For a situation analysis to provide useful guidance for addressing the problems of the most vulnerable children and families effectively and at scale, it must provide information that allows geographic targeting and identifies key interventions that can be implemented at scale with sustainable results. Even if cost-effective responses to the most critical needs of vulnerable children and families are developed, sufficient resources to implement and sustain these responses uniformly throughout a country may not be available. In order to facilitate the targeting of resources, a situation analysis should identify those geographic areas where families and communities are having the most difficulty protecting and providing for the most vulnerable children.

Situation analysis also serves as a useful tool for building frameworks and creating mechanisms for continual assessment and analysis to address and respond to the changing needs of children and families affected by HIV/AIDS. As such, it should be an ongoing process, updated and adjusted as necessary. A situation analysis provides a valuable picture of the impacts of HIV/AIDS and responses

to them, but conditions will evolve with the epidemic and with other factors influencing poverty and vulnerability. As time passes and aggregate social and cultural conditions change, any given situation analysis will gradually become outdated, providing a less accurate representation of current reality. Therefore, periodic monitoring is needed to help guide and adjust interventions to meet the dynamic environment in which people live.

## Why Conduct a Situation Analysis on the Vulnerability of Children in the Environment of HIV/AIDS?

As outlined above, a situation analysis can educate and influence the general public, donors, program developers, policymakers, and others. The information gained from a situation analysis can help these groups more effectively and efficiently meet the needs of orphans and other vulnerable children, families, and communities. A situation analysis should ultimately provide clear answers to the question “Why should we care about these issues?”

A situation analysis serves as a framework to systematically collect, organize, and report information on children and their vulnerability. It includes both quantitative and qualitative information on demographics, health, education, social conditions and welfare, economics, laws, and policies. Depending on the context and scope of the analysis, other topics might also be covered.

There are five primary reasons for conducting a situation analysis:

- Develop stronger programs to meet the needs of orphans and vulnerable children, families, and communities
- Develop relevant and appropriate policies that protect the rights of children and ensure their care
- Mobilize financial resources and other forms of support for action
- Generate social mobilization
- Create a monitoring and evaluation framework for continued assessment of the situation of orphans and vulnerable children

**Program development.** A situation analysis can lead to stronger programmatic responses by helping interested groups better understand the circumstances of orphans and vulnerable children within the political, cultural, and

social context. By providing credible technical information on the current and future magnitude of orphaning and other impacts of HIV/AIDS on children and families, a situation analysis can help groups target scarce resources and plan for future needs. It includes an overview of the program response to date and its adequacy; identifies major gaps in knowledge and practices; and estimates the extent of service provision, coverage, and unmet needs. It can identify stakeholders and populations of particular concern. This knowledge feeds back into appropriate program content, prioritization of needs, and the avoidance of program overlap by active groups and others planning new activities.

**Policy development.** Every country needs a policy and legal framework for protecting and caring for affected children. A comprehensive situation analysis considers the adequacy of current policies that affect children’s well-being; identifies gaps, weaknesses, and potential changes; lays out the comparative advantages, strengths, and weaknesses of government and civil society in providing services; and delineates their respective roles and responsibilities. It must also consider the resources and capacities necessary to implement the policies effectively.

**Resource mobilization.** The results of a situation analysis can also be used to advocate for specific action or support – financial, political, social, or otherwise – from public and private program managers, policymakers, donors, or the general public. The inventory of resources should include actual and potential local, national, and international resources, and estimate the cost of new resources that may be required. To be an effective advocacy tool, the results and interpretations of the situation analysis should be developed into focused recommendations that identify organizations responsible for carrying out a plan of action within a specific time frame. For recommendations to be relevant and realistic, they need to be attainable, which in turn depends on resources, capacity, and political will. If a situation analysis is to lead to effective decisionmaking, planning, and action, it must not become an end in itself but serve as a springboard for building consensus and momentum regarding specific actions.

**Social mobilization.** A situation analysis can unveil a plethora of information to generate social mobilization. Broad participation from stakeholders and policymakers can be capitalized upon to draw active involvement from the media, faith-based organizations, and opinion leaders.



*Monitoring and evaluation.* Lastly, a situation analysis can serve as the impetus for establishing monitoring and evaluation tools. By working within a framework, interested parties can periodically replicate the collection of data and other information to examine trends, measure progress, and assess future needs. A situation analysis can also serve as a baseline or reference point within a program evaluation.

### **Situation Analysis of Orphans and Vulnerable Children in Zambia, 1999**

During the second half of 1999, multiple groups collaborated to carry out a situation analysis of orphans and vulnerable children in Zambia.

The aim of the study was to understand the current situation of orphaned children in Zambia and to assess current models of care in order to strengthen and improve strategies that aim to address the orphan-related needs of individuals, households, and communities. Its objectives were to:

- Establish present and projected future estimates of orphan populations
- Identify serious problems facing families and communities coping with orphans and the causes of these problems
- Assess community responses to the situation of children left with only one or no parents
- Assess models of care and identify successes, best practices, and areas for further development
- Recommend to the government, the national orphan task force, NGOs, and other cooperating partners appropriate strategies for addressing the needs of communities coping with orphaned children

The study was managed by a steering committee with members from government ministries, international donors, the United Nations, an NGO umbrella group, and other organizations with relevant expertise. These included representatives of the government's Social Recovery Project (funded by the World Bank); the Zambia AIDS-Related Tuberculosis Project; UNICEF; USAID; the Nutrition and Household Food Security Monitoring System; the Participatory Assessment Group; the Children in Need Network; and the ministries of community development and social services, education, and health. UNICEF, USAID, the Swedish Development Agency, and the Social Recovery Project provided funding for the situation analysis.

The steering committee supervised the work of five teams of local consultants, each of which produced a report on its respective area within the study. Support for the day-to-day work of the consultant teams was divided among the funding bodies. The teams' areas of focus included:

1. Literature review
2. Data review and enumeration (search and analysis of existing statistical data)
3. Community response (community-level impact, perceptions, and coping using participatory methods)
4. Institutional response (profiles of each program addressing needs of orphans with a summary overview and assessment)
5. Perceptions of care (in-depth analysis of specific programmatic approaches)

There were advantages and disadvantages in having all five teams work at the same time. This approach facilitated communication and discussion of issues among the teams. Key issues were identified by each team independently and then discussed and compared. Some felt, however, that if the literature, data, and institutional response reviews had been done first, key issues would have been identified for more in-depth analysis in the "community response" and "perceptions of care" components.

In addition to the reports prepared by the five teams, a summary report synthesized the teams' findings and made recommendations. These were combined in the final report, *Orphans and Vulnerable Children: A Situation Analysis, Zambia 1999*. Fieldwork for the situation analysis began in June 1999, and reports were completed by November and presented at a national orphans workshop in December. Participants in that workshop developed a plan of action to respond to the identified priorities. Findings of the situation analysis have been used in designing national-level programs.

## Chapter One: Overview

One of the most tragic consequences of HIV/AIDS is its devastating impact on the well-being of children. HIV/AIDS affects both those who are HIV-infected and millions of others throughout the developing world whose lives are radically altered when their parents or caregivers become ill and die. According to *Children on the Brink 2004*, since the epidemic began, 15 million children under age 18 in 93 developing countries have lost one or both parents to HIV/AIDS.

More than 40 million people are living with HIV, and infection rates are rising. This means that the number of orphans will increase dramatically in coming years and the impacts will continue to be felt for at least the next two to three decades. It is estimated that by 2010, 24.7 million children will have lost one or both parents to AIDS.

The majority of OVC are living with a surviving parent or with extended family. Many of these children are being cared for by a parent or guardian who is sick or dying, elderly grandparents who themselves often need care and support, or impoverished relatives struggling to meet their own children's needs. The growing demand for care and support of OVC has strained these traditional coping mechanisms in the countries most affected by HIV/AIDS, and comprehensive care and support interventions must be scaled up to address this situation. Such interventions include health services/medical care, education assistance, shelter, socioeconomic strengthening, human rights and legal protection, and psychosocial support for vulnerable children and their families.

Several countries (e.g., Jamaica, Namibia, Thailand, and Zimbabwe) have responded by implementing national policies and plans of action for vulnerable children. Unfortunately, however, the vast majority of countries have yet to **implement** national action plans and related policy reforms. At the community level, various groups have developed a wide range of responses. Although the extent and impact of these responses are not known, there is general agreement that geographic and programmatic coverage of existing efforts is insufficient.

The challenges faced by children, families, communities, and their governments in mitigating the impact of HIV/AIDS are and will continue to be enormous. There is a need for guidance on how to scale up comprehensive, well-targeted, and cost-effective approaches. One critical step for providing such guidance is to undertake a participatory situation analysis that becomes an integral

and ongoing activity for monitoring the well-being of children.

### I. What and Why of Analyzing the Situation of Vulnerable Children

#### *What Is a Situation Analysis?*

A situation analysis provides a contextual overview of a particular condition at a given point in time. It is a process of **gathering, analyzing, and using information to guide planning and mobilize action**. A situation analysis can also provide an objective measure of the well-being of children because it is not directly tied to programming objectives or indicators and it is based on independent methodology and a participatory approach. That is, a situation analysis will not reveal the successes or weaknesses of individual programs.

In terms of scale and scope, a situation analysis can be implemented nationally, regionally, or in specific geographic areas. This Guide presents a comprehensive approach to data gathering and management for undertaking a situation analysis. **This comprehensive approach may be best suited for a national or multi-regional analysis.** Resources, information gaps, and objectives vary from country to country, and these characteristics determine how an initial situation analysis is implemented and how a repeat analysis will be conducted. In addition, the availability of secondary data, the geographic clustering of HIV/AIDS prevalence, and the need to phase-in responses to the situation of OVC are also likely to affect decisions about how to conduct a situation analysis.

Regardless of the scale and scope of the situation analysis, the guiding principles covered in this Guide deserve careful attention. These principles, which are discussed in this chapter, will help decision-makers select the core elements of a situation analysis in a particular country. For example, ensuring that the process is collaborative will dictate how, or if, an outside consultant is used. The principle of maintaining joint ownership will guide decisions on how people can be engaged throughout the process, especially in acting on recommendations.

In the context of HIV/AIDS-affected children and families, situation analysis involves gathering information about the epidemic, its consequences, household and community coping responses, and relevant policies and

programs. It concludes with analyzing the information gathered, identifying geographic and programmatic priorities, and making specific recommendations for improving the quality of life for vulnerable children and their families. The resulting analysis findings provide a basis for decisions on how and where to direct available resources so they benefit those most seriously affected by HIV/AIDS.

Specifically, a situation analysis is a process for uncovering what is known and needs to be learned about the status or condition of orphans and vulnerable children with regard to the following:

- Demographics
- Physical and psychological status
- Education
- Economic issues
- Laws and policies regarding children's rights and protection

### *Why Assess the Situation of Vulnerable Children?*

It may be asked, "Given the urgency of the situation, why take valuable time and money away from interventions to collect data?" In any situation, the impacts of HIV/AIDS on children and families result from many interrelated factors, such as the local pattern of the spread of HIV, economic circumstances, service availability, resources, public knowledge, attitudes, and awareness; sociocultural and legal environments; leadership and policy framework; and many others. The nature and intensity of the problems caused by HIV/AIDS and the responses needed vary among communities and countries. Conducting periodic analyses of the situation of orphans and vulnerable children will help stakeholders more effectively and efficiently mobilize and use internal and external resources. The information derived from a situation analysis makes it possible to base decisions on a realistic understanding of which of the above factors are the most significant in the target area and how these factors relate to each other in causing or mitigating problems. In short, output from assessing the situation of HIV/AIDS-affected children can be used to:

- Promote advocacy efforts at multiple levels
- Plan strategically at the national level for OVC
- Assess the scale of the crisis on children
- Define or refine interventions

- Mobilize social and community activities
- Build capacity of organizations
- Plan, enhance, and expand programs
- Monitor and evaluate

If a situation analysis is to lead to effective decision-making, planning, and action, it must not become an end in itself, but rather a means for building consensus and momentum toward effective actions.

A participatory situation analysis is a cornerstone activity for countries aiming to meet the orphans and vulnerable children goals outlined by the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS. The consultative process undertaken and dissemination of the results help mobilize stakeholders—a key ingredient to achieving UNGASS goals (see following text box). Stakeholders can use situation analysis findings to formulate decisions on a national action plan and related coordinating structures to support vulnerable children and their families. The findings can inform and orient the process for undertaking the policy and regulatory reforms needed to reinforce the national action plan. Finally, the review aspect of situation analysis strengthens a country's strategy for monitoring and evaluating efforts intended to benefit OVC.

## *II. Using This Guide*

### *Who Will Use This Guide?*

This Guide is designed for individuals who can influence actions at the national or sub-national levels to improve the well-being of OVC. Such persons include policymakers, program managers, government officials, or other stakeholders affiliated with nongovernmental, community-based, or faith-based organizations or with educational or healthcare systems. There is a range of uses for the information generated: from improving delivery of care and support services to developing a communication program focused on care-seeking behavior and stigma reduction. Therefore, the usefulness of this Guide increases as the range and variability in the background and positions of the persons involved increases.

As presented in this Guide, the situation analysis process needs a Situation Analysis Manager, who ideally has a primary stake in the process and the results. The Situation Analysis Manager is likely to form an Advisory Team (or steering committee) that will actively oversee the analysis process, from planning to disseminating results. Alternatively, an existing group of stakeholders



could identify a Situation Analysis Manager to lead them through the situation analysis process. This Guide is intended to serve as a “how-to” resource for the Situation Analysis Manager and the Advisory Team. It is not necessary for each person who actively participates in this process to have extensive knowledge about data analysis; however, everyone will want to make informed decisions about the many data gathering and analysis options. Beyond this Guide, the technical input of a senior-level researcher and statistician will also be required.

### *What Is the Objective of This Guide?*

This Guide presents the steps necessary to manage the data gathering, data analysis, and data use focused on the well-being of OVC. As such, the guidelines and tools presented emphasize actions that require primary data collection, both quantitative and qualitative, from vulnerable children and their caregivers. The suggested course of actions in this Guide can be modified to meet the users’ needs and the context of the specific situation. This also holds true for those who have previously conducted a situation analysis.

## **United Nations General Assembly Special Session (UNGASS) on HIV/AIDS**

In June 2001, UNGASS generated an unprecedented level of global leadership, awareness, and support in response to the HIV/AIDS crisis. A Declaration of Commitment adopted at the Special Session specified time-bound goals and targets to measure progress and to ensure accountability. As part of a longer-term response to the increasing number of orphans and children made vulnerable by HIV/AIDS, concrete targets were set through 2005. Countries resolved that together with partners, they would:

By 2003, develop and by 2005 implement national policies and strategies to: build and strengthen governmental, family, and community capacities to provide a supportive environment for orphans and girls and boys infected and affected by HIV/AIDS, including by providing appropriate counselling and psycho-social support; ensuring their enrollment in school and access to shelter, good nutrition, health and social services on an equal basis with other children; to protect orphans and vulnerable children from all forms of abuse, violence, exploitation, discrimination, trafficking and loss of inheritance;

Ensure non-discrimination and full and equal enjoyment of all human rights through the promotion of an active and visible policy of de-stigmatisation of children orphaned and made vulnerable by HIV/AIDS;

Urge the international community, particularly donor countries civil society as well as the private sector to complement effectively national programmes to support programmes for children orphaned or made vulnerable by HIV/AIDS in affected regions, in countries at high risk and

to direct special assistance to Sub-Saharan Africa.

In May 2002, The United Nations General Assembly Special Session on Children – World Fit for Children reaffirmed the goals established for HIV/AIDS-affected children. A follow-on to this was the Global Partners Forum (spearheaded by UNICEF, UNAIDS, and USAID) held in November 2003 where a broad range of stakeholders from all sectors of society collaborated to develop the Framework for the Protection, Care, and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS. Its purpose is to provide an agreed-upon agenda for mounting an adequate response. No government or organization is expected to take on all aspects of the framework simultaneously or with equal force, and priorities should be established within countries and at the local level. However, by endorsing this strategy, a broad and diverse group of key stakeholders is speaking with one voice about the urgency and importance of the challenges and about the broad actions and collaborative efforts required to respond effectively. The Framework advocates for increased national-level responses to OVC. Key areas of a national response include:

- Completing a collaborative situation analysis
- Implementing national policy and legislation to protect orphans and children made vulnerable by HIV/AIDS
- Establishing coordination mechanisms
- Developing and implementing national action plans for the protection and care of orphans and other children made vulnerable by HIV/AIDS
- Developing and implementing monitoring and evaluation mechanisms

This Guide does not present steps for undertaking analysis or data gathering related to governmental and nongovernmental sector systems and structures (e.g., policy/laws, mass media, economic situation); such steps are available in a companion document prepared by Population, Health, and Nutrition Information Project (PHNI).<sup>1</sup> The PHNI document provides a comprehensive framework for gathering a broader spectrum of information on the situation of OVC. For example, it suggests ways to assess policy and regulatory environments. The PHNI resource is arranged by topic area, such as demographics, health, economic issues, education, social and psychosocial well-being, and laws and policy. It also suggests key questions that need to be asked under each topic area.

This Guide (by FHI/IMPACT) differs from the PHNI document in that this one offers a step-wise

approach to undertaking information-gathering and analysis. Using this Guide and the PHNI resource together makes it possible to develop a tailored process that best addresses specific information needs for a specific situation.

### *How Is This Guide Organized?*

This Guide includes seven chapters and eight appendices. The seven chapters provide background information and guidance on key steps in a situation analysis, including organizing advisory and data collection teams; determining analysis priorities; gathering, managing, and analyzing the data; developing the report; and disseminating the findings to mobilize action. The eight appendices include a resource list, examples of data collection tools, and other materials.

## **Whose Situation Are We Trying To Assess?**

### **Definitions of “orphan” and “vulnerable children”**

A situation analysis is a mechanism for gathering and analyzing data. As such, obtaining useful and quality data depends on having clear parameters to minimize ambiguous findings and interpretations. A top priority is specificity in defining the groups or conditions to be analyzed. The level of specificity used to define the subjects of the situation analysis is likely (and expected) to differ from the definitions used by other nations, communities, and organizations that are implementing OVC programs. There are various definitions of “orphans and vulnerable children”; some country-level definitions are used for legal purposes, while other definitions are used for programming frameworks. At the community and programmatic levels community members and stakeholders know that targeting programs exclusively to HIV/AIDS-affected children or to children whose parents have died due to AIDS can have negative consequences, such as further stigmatization or discrimination against these children. Therefore, defining program beneficiaries can and indeed must be a subjective process. Establishing non-program-specific baselines or tracking the well-being of children at the national or sub-national levels requires more objective definitions.

For the exclusive purpose of data gathering, it is helpful to establish criteria to identify those who will be the subjects of the research. For example, a survey interviewer approaches a house and must ask questions that will determine if a household member qualifies to be interviewed (e.g., Does a child who has lost one or both parents live here? Is someone in the household suffering from an illness lasting three or more months?). Thus, it may be necessary to conduct formative research to establish definitions before commencing primary data collection for the situation analysis. To initiate discussion, the Advisory Team should review existing country definitions and the following definitions adapted from in *Children on the Brink 2004*:

- **Maternal orphan:** Child under age 18 whose mother, and perhaps father, has died
- **Paternal orphan:** Child under age 18 whose father, and perhaps mother, has died
- **Double orphan:** Child under age 18 whose mother and father have died
- **Vulnerable child:** Child whose survival, well-being, or development is threatened by HIV/AIDS or other life-threatening illnesses.

**Note:** Analysis of secondary data may present challenges if definitions of orphan and/or vulnerable child vary across data sets. For example, data may be limited by age parameters. This variance must be clearly reported.

<sup>1</sup> *Conducting a Situation Analysis of Orphans and Vulnerable Children: A Framework and Resource Guide*, PHNI, February 2004.

### III. Overview of Situation Analysis Process

#### *Guiding Principles*

While each situation analysis will generate its own set of guiding principles based on the country context, the following are general considerations based on experience:

- Protecting children
- Ensuring a collaborative process
- Accessing existing knowledge and resources
- Enhancing capacity
- Maintaining joint ownership
- Taking a multisector approach

#### **Protecting children**

Research undertaken with children, especially traumatized children, can stir up strong emotions and even severe distress. Ethical standards (e.g., “do no harm”) relating to children and young people must be strictly upheld during the process. For example, there is a possibility that merely identifying children to be interviewed can be stigmatizing. One must carefully weigh the usefulness of the information to be gained against the potential negative impacts of the data collection methodology. Details on protecting the rights of the child during data collection are presented in *Ethical Guidelines for Gathering Information from Children and Adolescents* (FHI/Horizons/UNICEF/USAID).

#### **Ensuring a collaborative process**

Conducting a situation analysis as a broadly inclusive, highly participatory process provides an opportunity to bring together key participants—those already engaged and those who will need to be involved as the process continues—to identify the best steps to take. If key stakeholders, especially community representatives, participate, the analysis will be grounded in the local context and produce more meaningful results than an analysis conducted by external technical advisors. Local involvement makes the results more credible to more stakeholders and is more likely to result in action. Stakeholders can include representatives from:

- OVC and HIV/AIDS task forces or committees
- Government ministries and departments (especially those not traditionally engaged in children’s issues)
- Nongovernmental and community-based organizations (NGOs/CBOs)

- Associations of people living with HIV/AIDS (PLWHA)
- Faith-based organizations (FBOs)
- Women’s groups
- Schools and universities
- Community and civic organizations
- Youth and children’s groups
- Private businesses
- Local research firms
- Clinical and social services
- International organizations
- Donors
- Other concerned groups

Ensuring stakeholder representation, inclusion, and participation when undertaking a situation analysis is more likely to result in united action for OVC. Often, people associated with sectors not normally involved with children do not recognize the significance of vulnerable children to their work. For example, the Ministry of Finance might not have calculated the costs of failing to respond to HIV/AIDS-affected children. Experience shows that involving such stakeholders in the situation analysis (e.g., asking the private sector to produce a section on the economic implications of the HIV/AIDS crisis) may show them that they, too, have a reason to play a role in reducing the effects of HIV/AIDS on children and their families.

#### **Accessing existing knowledge and resources.**

It is important to capitalize on existing resources and infrastructure in a country before seeking additional resources. One key function of the situation analysis is to develop a list of contacts and resources that can offer information and perspectives on HIV/AIDS-affected children, youth, and families. There is a plethora of existing data and documents, both formal and informal, in all countries. There is also much to be gleaned from experience and resources from other countries.

#### **Enhancing capacity**

The process of implementing a situation analysis should in itself build national and local capacity, knowledge, and skills. While external assistance is useful, local knowledge and skills should be used as much as possible. The individuals with the best knowledge of the situation of children and families are likely to be local people who are

involved with NGOs, FBOs, social welfare services, schools, and community-based organizations (CBOs).

### **Maintaining joint ownership**

It is important that all stakeholders, including government and local authorities, actively participate in clearly defining roles and share ownership of the final analysis and dissemination of findings and recommendations. Forming an Advisory Team (or steering committee) to develop the terms of reference for the process and engaging team members in regularly scheduled meetings contribute to ownership. It is also useful to ask members of existing coordinating structures, such as an OVC or child protection task force, to become Advisory Team members.

### **Taking a multisector approach**

The effects of HIV/AIDS on children and families can be all-encompassing. Chronic illness and death can affect income security, which affects access to education and health care, and lack of inheritance laws may deprive children of their home. A situation analysis must be undertaken in an interdisciplinary manner and across sectors to note this range of effects. Information should be gathered from several sectors such as education, health, agriculture, justice, business, economic development, policy/regulatory, and social services/welfare.

### ***Managing the Process***

A participatory situation analysis usually begins with a lead person or group rallying other interested and committed persons who want to improve the well-being of OVC. Often government and major national and international agencies agree that there is a need for a situation analysis, thereby launching or bolstering the process. An Advisory Team can help guide the process and help ensure that its results lead to action. The most effective Advisory Teams have broadly inclusive representation (e.g., government, members of parliamentary committees, NGOs/CBOs/FBOs, PLWHA, caregivers, youth, private sector, and multilateral and bilateral donors) with well-defined time commitments and clear roles. The Advisory Team is not equivalent to the day-to-day staff who will implement a situation analysis, although some Advisory Team members may be involved in implementation activities. When recruiting members for the Advisory Team, it is important to consider (and to inform potential members of) the amount of time, effort, and expertise that will be needed. Additional information about the roles of the Advisory Team members and about recruiting members is covered in Chapter Two of this Guide.

The Advisory Team members will provide input on the following:

- Leadership/coordinating structure and accountability
- Conceptual framework and objectives
- Work plan
- Study methodology
- Study costs and itemized budgets
- Participatory analysis
- Publication and dissemination of results

One role for Advisory Team members is fostering and maintaining communication with other influential audiences (e.g., government ministers and private sector leaders). In this role the Advisory Team facilitates broader participation by people who can influence actions based on the situation analysis findings and recommendations. Stakeholders and other influential people are more likely to act on the findings if they are consulted

### **Experience from the Field**

#### **Composition of Steering Group (Advisory Team)**

From the beginning, the team of people who gathered in Nigeria to undertake a situation analysis of OVC intended to mobilize stakeholders. To initiate the mobilization effort, the Steering Group included the following people:

- Representatives from national AIDS coordinating committees, government ministries, the Federal Office of Statistics, and indigenous and international NGOs
- Local technical experts, including a psychologist, pediatrician, and micro-finance/micro-credit specialists

The Steering Group members' experience carrying out the situation analysis increased their motivation, understanding, and commitment to strengthening and advocating for improved well-being of OVC in both their professional and personal lives. Shortly after completing the analysis, the team helped establish the National Orphans and other Vulnerable Children Task Team of Nigeria and convened a national-level OVC stakeholders meeting. Results of the situation analysis were disseminated and the next steps were identified.



and updated throughout the situation analysis process. A broader base of support benefits the national consultation process that involves disseminating results and securing a mandate for action.

### Defining Objectives

Deciding to use this Guide means that the decision has already been made to collect specific data on the care and support of vulnerable children and adolescents. To maximize this Guide's usefulness, Advisory Team members, in collaboration with data collection staff, should clearly articulate exactly what they want to know, how they plan to measure it, and how that information will improve the well-being of orphans and vulnerable children. If the country has an OVC or child protection task force and its members are not serving on the situation analysis Advisory Team, it is useful to involve task force members when defining objectives to help mobilize participation in and ownership of the situation analysis process and findings. Failure to clearly articulate objectives early in the situation analysis process may lead to wasted resources and lost opportunities during the data collection phase. For example, data collected in ways that make it difficult to interpret or that make it impossible to compare with data from other sources may result in questions that need to be answered going unanswered.

Examples of situation analysis objectives that the questionnaires and qualitative tools provided in this Guide are designed to address include the following:

- Gather information that will help describe the impact of HIV/AIDS on children and their families.
- Identify current coping mechanisms within families and communities for OVC.
- Identify existing structures, systems, policies, and mechanisms in the public and private sectors that can support or complement activities benefiting OVC and their caregivers.
- Identify and assess organizational capacity, experience, or potential to participate in or implement community-based OVC projects.
- Provide a baseline for further evaluation and for monitoring over time the well-being of families caring for OVC.
- Provide information to help guide program planning and implementation.
- Identify gaps in current services, policies, and other efforts for vulnerable children.

- Obtain data in a standardized format, which will make it possible to compare the data with data from other studies on OVC carried out in other areas.

### Identifying Topic Areas

To specify topic areas for a situation analysis based on the objectives, which may be broad statements like those listed above, it is useful to consult *Strategic Framework for the Protection, Care, and Support of Orphans and Vulnerable Children Living in a World with HIV/AIDS* (UNICEF, 2004). The *Strategic Framework* describes indicator domains that numerous local, national, and international groups have agreed are essential to meeting the needs of OVC. These indicator domains are one way to categorize topics for data gathering:

- Policies and strategies
- Education
- Health
- Nutrition
- Psychosocial support
- Family capacity
- Community capacity
- National resources (expenditures) allocated to OVC
- Child protection
- Institutional care and shelter

It is useful to phrase the topic areas as seeking responses to the following questions:

- What is the demographic profile of orphans and vulnerable children?
- What is the demographic profile of the caregivers?
- What is the capacity of caregivers and families to protect and care for children?
- How are communities supporting or not supporting vulnerable children?
- Are OVC able to access essential services?
- How is government protecting the most vulnerable children? How are government resources being allocated for these children?
- How is the environment or context supportive or not supportive of HIV/AIDS-affected children?

Specific variables or indicators for each of the questions above must be developed and then worded according to the selected data collection methods (e.g., surveys, in-depth interviews, or focus group discussions [FGDs]). The information-gathering tools provided in this Guide (Appendices E, F, G, H) offer a comprehensive reference the Advisory Team can explore for relevant topic areas and related variables.

### *Gathering and Analyzing Information*

To obtain quality data, a situation analysis requires attention to detail and procedures. The techniques and tools presented in this Guide are based on a process that uses the data gathering methods listed below. However, not all of these methods are appropriate for all situation analyses. The most critical consideration is to determine which combination of data gathering techniques will ensure that the analysis collects enough and the right kind of information to mobilize action. The following methods are described in detail in Chapter Three:

- Nominal group technique: Prioritization technique used by Advisory Team to identify topic areas.
- Analysis of secondary data: Used to produce summaries of variables relevant to the situation of vulnerable children and to help identify information gaps needing further data collection.
- Inventory of service providers and organizations that provide assistance to OVC and their caretakers: Used to identify existing resources, to identify who is doing what (e.g., models of care), and to uncover critical service gaps.
- Caregiver/guardian survey: Used to gather quantitative data on the household situation from the caregiver or guardian's perspective.
- In-depth interviews and focus group discussions: Used to gather qualitative data based on perceptions, opinions, and experiences in an open-ended manner. Also used to inform the development of quantitative data collection and/or expand on the meaning of quantitative data (including secondary survey data).
- Survey of orphans and vulnerable children and their guardians: Used to gather quantitative data on the well-being of OVC from the child's perspective.
- Direct observations: Used to witness everyday behaviors of children in their normal environment; can be used to supplement interview data and/or inform the interviewing process.

### *Writing Results to Mobilize Action*

Even at the initial stage of contemplating a situation analysis, it helps to consider **who** will be using the findings and **how** they can contribute to improving the situation of vulnerable children. Most likely the results of the situation analysis will be used to produce a final report that comprehensively presents the findings and recommendations. Writing up specific results for specialized audiences is also productive. For example, merely consulting a child protection advocate about what variables to extract from the data for further analysis may present a persuasive argument for policy reform. A much shorter report could then be generated for policymakers and other stakeholders. Concise, reporting formats that are customized to specific target audiences are more likely to be read and more likely to facilitate action on recommendations.

### *Anticipating Challenges*

Every situation analysis encounters challenges, ranging from **resource constraints** to **skepticism** about the applicability and validity of findings. Community members or program staff may not be convinced that change is desirable or possible. Recommendations suggested by the findings may be considered too innovative for the political climate of the time. Or the findings may not be focused enough to provide guidelines for action, and may require conferring again with the stakeholders who

#### **Thinking Early about Dissemination**

The findings and recommendations of a situation analysis will be minimally received and result in minimal action without a clearly thought out approach to sharing the findings. To avoid this scenario, it is important to *develop early in the process a dissemination plan that states who should know about the findings and recommendations and what it will require to ensure they get this information and act on it*. Key points to consider include formats, distribution points, staff availability and/or financial resources for writing, upcoming opportunities for presentations, and traditions within the organization to write reports or publish journal articles. *After outlining possible ways to share the analysis findings with participants, and before starting the data collection process, it is useful to ask community members how they would like to receive the information.*

are able to formulate and take responsibility for disseminating action-oriented recommendations.

Evaluate the findings to determine if they will have a negative impact or be controversial. Anticipate whether the findings might alienate program administrators, parliamentarians, or other community leaders accountable for decisions and oversight to child welfare programs and policies. For example, if a high-ranking government official in the country supports orphanages and the findings indicate that children in these settings are receiving minimal care, recommendations must be framed carefully to mobilize supportive change. Consider whether the news media or citizen groups may take the findings out of context. Be aware that the findings will be used one way or another, and that sometimes those uses are different from the ones intended and may or may not have the best interests of children in mind. For example, findings could be used to gain visibility for personal or political advancement.

How the results are used may be outside one's control, but the Advisory Team must anticipate both the positive and negative uses of the information. By planning ahead, assistance can be provided to stakeholders and members of the situation analysis Advisory Team to prepare for findings that may be controversial or lend themselves to distortion.

### *Using Situation Analysis as Monitoring Tool*

An initial situation analysis begins the process of ongoing monitoring of the well-being of HIV/AIDS-affected children. Interventions will evolve as the understanding of the situation and needs of children improves. The situation analysis can serve as a platform for establishing a monitoring system for intermittent reviews of core infor-

mation, as determined by the situation analysis Advisory Team and subsequent feedback. However, the situation analysis cannot be used to evaluate specific programs or interventions. Similar to a Behavioral Surveillance Survey, a national or sub-national situation analysis is not directly linked to specific programmatic indicators and, therefore, it cannot track performance or be used to state that specific programs are working or not working.

Updates on selected indicators can be compiled and distributed periodically to stakeholders such as policymakers and service providers. In several countries, variables identified for a situation analysis (e.g., chronically ill caregivers, birth registration, or number of orphans in a household) were designated to appear in regular reporting of other data collection methods (e.g., Survey of Living Standards, DHS, or census). This offers continued visibility for the issue of vulnerable children and their families until another situation analysis is performed.

If the aim is to use the situation analysis findings as a baseline for the well-being of OVC, the **sampling methodologies** (see Chapter Three for a discussion of sampling methodologies) must be considered carefully. Depending on the scope of the analysis, it may be cost-effective or cost-prohibitive to modify the sampling methodology and/or to increase sample size to obtain the information needed to establish a baseline measure. A critical resource to consult when considering using situation analysis findings as a baseline is ***Guide to Monitoring and Evaluation of the National Response for Children Orphaned and Made Vulnerable by HIV/AIDS*** (UNICEF, forthcoming), which provides extensive information on indicators and sampling.





## Chapter Two: Situation Analysis Management

Field experience reveals many ways to manage a process that analyzes the situation of vulnerable children. The situation analysis process can be designed to involve work by one consultant or by numerous teams to gather information to address the objectives. How this process is managed affects not only the quality and extent of the data collected but also how the data are eventually analyzed and used. The decisions about how to manage the process are central to obtaining the broad ownership and multisector support needed to mobilize action.

***This chapter covers personnel, ethics, and budgeting considerations,*** presenting a comprehensive approach to undertaking a national or sub-national situation analysis. The approach presented may need to be scaled back depending on resources available and the context of the specific situation. For example, there may be concentrated geographic areas where the impacts of HIV/AIDS are the most devastating, and these areas may be selected as the only targets for the situation analysis. Alternatively, the situation analysis may be conducted in phases, with initial decisions on a national response to orphans and vulnerable children based on qualitative data collection; followed up with primary quantitative data collection. This Guide presents multiple data collection options.

When reviewing the management elements presented in this chapter, it is important to understand the country context and why the situation analysis is being performed. Does the country have mobilized communities and activities serving vulnerable children, but lack a broad overview of what is happening where and to what extent in order to build on this existing momentum? Or is it necessary to present evidence that mobilization and targeting of resources are needed? The scenario will dictate the extent of the situation analysis and how it must be managed.

### I. Determining Oversight Structures

#### *Setting Up Advisory Team*

A situation analysis can be initiated by an existing group of stakeholders that appoints a lead person to oversee the process. Alternatively, an individual may be appointed by government or other stakeholders to launch the process and serve as an overall coordinator or Situation Analysis Manager. The Situation Analysis Manager must be able to juggle multiple tasks and to delegate tasks to prevent a slowing down of effort. Skills in negotiation, consensus-

building, and networking are also vital. The Situation Analysis Manager likely will not be an expert in all of the individual components of a situation analysis. To compensate for this, a Situation Analysis Advisory Team can be assembled. By calling on such a group of experts, the Situation Analysis Manager will benefit from their varied experience and professional contacts.

The most likely candidates for the Advisory Team are people affiliated with or committed to efforts that improve the well-being of children and, therefore, are already working in a fulltime capacity. If the country does not already have an OVC or child protection task force, it is useful to invite members of other committees (such as those convened to develop a National Poverty Reduction Strategy or in response to the Global Fund's request for applications [i.e., Country Coordinating Mechanism]) to become Advisory Team members. When recruiting Advisory Team members, it helps to provide them with well-defined time commitments and likely tasks.

The Advisory Team's composition should be tailored to the specific context and process anticipated, but generally the specialists most often needed to complete the work include those with expertise in:

- Living as an orphan or vulnerable child
- Vulnerable children programming
- Care and support services to HIV/AIDS-affected households
- Child survival or welfare
- Child psychology
- Community or social mobilization
- Social science and economic research
- Laws and policies related to children and families

Ideally, one or more Advisory Team member will have experience working directly with OVC. The following text box summarizes suggested skills and knowledge of an Advisory Team. The Situation Analysis Manager may on occasion bring in a consultant or expert advisor who is not on the Advisory Team to offer specific, time-limited input into the process. For example, a consultant might provide specific advice on how to position the results for maximum effect with policymakers or the mass media.

It is strongly encouraged that the Advisory Team include community members, especially young people, from the identified data collection sites because their voices of practicality provide reality checks throughout the process. If logistics make this unfeasible, community involvement can be focused at the site level, and community members can advise the data collection teams.

### Identifying Technical Lead

To successfully complete the situation analysis, it is critical to identify an experienced social scientist as Technical Lead to supervise the data collection and analysis. The

#### Responsibilities of Advisory Team Members

An Advisory Team helps guide the process and ensure that its results are used to improve activities for OVC. The Advisory Team is *pivotal in garnering consensus and support* for the situation analysis findings and recommended actions. Key responsibilities of the Advisory Team include:

- Meeting at key times during the analysis (usually five or more meetings)
- Helping to define the analysis scope and topic areas
- Providing input on selection of data collection methods
- Suggesting adjustments to data collection tools
- Helping identify data collection sites
- Providing input to the data analysis plan
- Reviewing and conferring on preliminary findings
- Consulting on development of recommendations based on analysis findings
- Facilitating strategic involvement of *influential stakeholders* to solidify or expand the national response to OVC
- Advocating for programmatic actions based on analysis recommendations

This Guide is written from a perspective in which the day-to-day staff activities are separate from the functions of the Advisory Team. However, the Advisory Team may include staff members of organizations that will be implementing the situation analysis. In such a case, the roles of Advisory Team members also include operational activities of the situation analysis.

#### Ideal Advisory Team Composition

##### Skills/Knowledge of Advisory Team Members

- Experience living as an orphan or in a vulnerable context (preferably young people under age 18).
- Experience designing and implementing a national response to OVC, or consulting on such a process.
- Experience conducting qualitative and quantitative social scientific research, particularly related to health and well-being; ideally experienced with data collection among children/youth.
- Experience designing and implementing actions to address the range of issues affecting OVC.
- Experience with monitoring and evaluation on a national or sub-national level in the area of HIV/AIDS.
- Experience in the field of international public health, preferably including conducting public health research.
- Experience responding to the psychosocial needs of children, especially those affected or infected by HIV/AIDS.
- Experience facilitating both community and larger social action responses to HIV/AIDS prevention and mitigation.
- Community leadership in the area of orphans or vulnerable children and youth; includes in-depth knowledge of activities and stakeholders in potential data collection sites.

Technical Lead should be identified at the very start of the process and be an Advisory Team member. In some situations, the Situation Analysis Manager may also serve as Technical Lead. When this is not the case, the Situation Analysis Manager and Technical Lead must work closely together with clearly defined respective roles and responsibilities. The Technical Lead should report to the Situation Analysis Manager, who is the initial end user of the analysis results and the overall coordinator of the situation analysis. The Technical Lead's responsibilities, illustrated in the text box below, are directly related to data collection and analysis.

It is helpful to refer to the above list of responsibilities when selecting a Technical Lead for the project and when describing expectations. The Technical Lead must be an

## Responsibilities of Technical Lead

- Provide technical expertise in qualitative and quantitative research (Note: if one social scientist does not have adequate skills with both types of research then a co-Technical Lead is suggested.)
- Adapt analysis protocol based on Advisory Team recommendations
- Ensure Advisory Team is regularly updated on progress
- Manage all stages of data collection, cleaning, and analysis
- Prepare research work plan and data collection budget
- Recruit interviewers
- Prepare and conduct interviewer training
- Monitor and supervise data collection (both quantitative and qualitative)
- Recruit data entry and other administrative personnel
- Monitor and supervise data entry and cleaning
- Conduct data analysis (may involve hiring a statistician)
- Prepare preliminary report and presentation of findings
- Present report and findings to Advisory Team
- Work with Advisory Team on final report recommendations

## Involving Children and Youth

“What is done for us, without us, is against us.”  
—Quote from a youth activist

Given that the intended beneficiaries of a situation analysis are children and youth, their active voice is needed throughout the situation analysis process. This requires *guidance to both adults and young people on how to achieve meaningful participation*. It is about a *partnership with mutually agreed roles*. This means that one age group does not dominate or override the opinions of other age groups. Roles for young people can vary from serving on the Advisory Team to being key informants.

Experience provides lessons learned and successful strategies on how these two groups (adults and youth) can work effectively together.\* As a general guideline, children and youth must participate in an ongoing and meaningful fashion, not just be brought in for a one-time event or merely for youth involvement as an end in itself. Several countries have established children’s forums and some have child parliamentarians. How the voice of young people is brought into the process must be in line with how the broader spectrum of input is brought in. *Parity of involvement often outweighs the elements of inclusion and representation*. For example, having many young people representing each field site is not the same as providing a forum for equal participation of youth and adults. The assumption (often incorrect) is that the greater the number of youth involved the greater the equity of participa-

tion or input; that is, people wrongly equate the numbers or representation alone to mean that young people are having significant input into the process. Following are additional considerations:

- What code of conduct or ethics must be considered to protect the children and youth involved while not diminishing their role? For example, minimizing the stress experienced by children and youth when they are exposed to sensitive or disturbing information.
- What accountability measures must be put into place to ensure children and youth are meaningfully involved? For example, providing young people with an ongoing mechanism for making suggestions about their own involvement.
- How will supporting (e.g., guidance offered) and implementing (e.g., changes to meeting times) children and youth participation vary by research phases? For example, participating on the Situation Analysis Advisory Team, helping to design a survey process or questionnaire, and assisting interviewers in the field each require different styles of communication and types of interactions with adults.

\*Primary source of information on youth-adult partnerships is YouthNet ([www.fhi.youthnet.org](http://www.fhi.youthnet.org)).

experienced social science researcher with highly developed skills in quantitative and qualitative data collection. He or she must have experience identifying and accessing field sites, establishing a field site, and anticipating the requirements and pitfalls of fieldwork (i.e., have knowledge of local contexts). The Technical Lead also must be given sufficient resources and authority to carry out the work from beginning to end in an efficient manner. This person should also be in charge of selecting and training interviewers and moderators and should establish himself or herself as the manager of technical and administrative aspects of the activity. With the extensive amount of research undertaken relating to HIV/AIDS, most countries have well-trained social science researchers, especially at universities. However, finding an available, qualified social scientist experienced with research on children and adolescents may require seeking assistance from outside the country or region.

### *Initial Actions of Advisory Team*

For Advisory Team members to work effectively, they must be briefed on what is currently known or readily available about OVC in general and in the country. It is usually time-efficient to compile existing information (as part of a literature review) to brief the Advisory Team as the first step in identifying information gaps and topic areas for the situation analysis. It is useful to consult with individual Advisory Team members before and after the first Advisory Team meeting about what information they have available. Information from other countries may also be relevant for identifying issues to explore, but it should not be assumed that conclusions reached in one country will be applicable to another.

To brief the Advisory Team, a briefing packet could be put together that includes a copy of this Guide, lists and descriptions (if available) of programs and organizations addressing the needs of HIV/AIDS-affected children, the most recent Children on the Brink 2004 data and reports on vulnerable children in the country (including literature on refugee children as well as on children in poverty), and promising practices articles or informal write-ups. Several resources provide country-specific summaries of existing data (e.g., Children on the Brink 2004, Africa's Orphaned Generations, and an analysis of national surveys from 40 countries prepared by UNICEF). Other materials and reports from external sources include Orphans and Vulnerable Children Strategic Framework and UNGASS declaration on OVC (see Appendix A for a list of other resources).

The introductory meeting of the Advisory Team often includes discussions of the rationale for undertaking a situation analysis, role of the Advisory Team, and expectations of the process. The initial meeting can include a presentation based on the briefing packet and a review of secondary data on the situation of OVC. A review of existing data relevant to vulnerable children and their families will guide decisions on the scope and topic areas of the situation analysis. The Advisory Team can determine which secondary data sources should be consulted to glean information relevant to vulnerable children and their families (e.g., DHS, MICS, national nutrition and EPI survey, census data, and vulnerability mapping from The World Food Program). Chapter Three of this Guide discusses secondary data analysis.

It is important to immediately convene a working session (second Advisory Team meeting) to discuss the scope and content areas for the analysis following the first Advisory Team meeting. This working session will include using the nominal group technique (see Chapter Three) to list and prioritize specific topic areas to be addressed by the analysis. The HIV/AIDS situation in the country and the related responses to children and families affected by the epidemic will drive the decision-making about topic areas. For example, a situation analysis conducted in Nigeria was a follow-up to the needs that became apparent from care and support projects. Therefore, when they set out to conduct a sub-national situation analysis, they already had a clear idea of what they wanted to do and the type of data collection needed.

The focus of the third Advisory Team meeting is to finalize topic areas, approve the analysis protocol, and off-

### **Example of an Agenda for First Advisory Team Meeting**

- Welcome and introductions
- Overview of situation analysis process, including timeline
- Overview of existing information on OVC and context of analysis (based on review of literature and secondary data)
- Clarification of rationale for and role of Advisory Team/Steering Committee
- Discussion of agenda and date for second Advisory Team meeting to identify and prioritize topic areas, data collection options, management of data collection, and data analysis

cially launch the primary data collection process. The protocol covers items such as ethical considerations, data collection sites, and data collection methods and tools. Subsequent meetings of the Advisory Team will focus on reviewing findings, outlining the final report, developing recommendations, and identifying the steps needed to maximize action on the recommendations.

## II. Selecting Data Collection Teams

### *Assessment Personnel Considerations*

Assuming that the analysis will be implemented at more than one field site, there must be paid staff to collect, manage, input, and analyze the data. While the Situation Analysis Manager and Technical Lead (who may be the same person) are responsible for selecting and training staff, it is beneficial to the process if the Advisory Team understands what is needed to collect data. This understanding can strengthen quality control oversight.

The quality of data collection is one of the most important aspects of a situation analysis. Supervision is essential to ensure that all fieldwork controls are adhered to, that all fieldwork is thoroughly checked and edited, and that safeguards are in place to protect the participants. Insufficient staffing and/or poor supervision can lead to inconsistency in the data collection process, which will complicate subsequent data analysis.

To help calculate overall personnel requirements it is necessary to consider such factors as the length of the questionnaire, what kind of cultural protocol or other process is required before an interview can be conducted, when an interviewer can take leave of a respondent, how far apart respondents are located, what kind of transportation (if any) interviewers have, and how far interviewers must travel to arrive at the interview site. The experience of staff at Family Health International indicates that the following estimates are applicable when using the data gathering tools provided in this Guide:

### **Personnel for Implementing a Situation Analysis**

Selecting staff for the situation analysis must take into account many factors, especially available resources and the scale and scope of the analysis. The staff functions listed below can serve as a guide when considering a national or sub-national collaborative situation analysis that includes gathering data on children. In some cases, some staff members may perform more than one function.

<b>Situation Analysis Position</b>	<b>Function/Contribution</b>
Situation Analysis Manager	Oversee the “big picture,” quality control, and communications with Advisory Team
Technical Lead (Note: Situation Analysis Manager may also serve in this capacity)	Oversee data collection, analysis, and preliminary reporting of findings
Advisory Team	Provide technical and advocacy input
Influential persons (traditional and government leaders outside Advisory Team)	Elevate importance of the process, findings, and action on recommendations
Field supervisor (note: Technical Lead may also serve in this capacity)	Manage data collection and quality control
Field team leaders	Ensure quality performance of interviewers/moderators
Interviewers and moderators	Collect quantitative and qualitative data
Data entry staff	Enter and secure data
Secretarial/logistics staff	Provide administrative support, note-taking during focus groups, transcription of focus groups
Data analysts	Analyze data, help identify and interpret significant findings
Psychosocial support persons	Provide emotional support and referrals to survey and focus group participants
Community advisors	Provide data collection guidance to field teams, assist with site mapping, work with PSSP on referral process for informants



- One team of two interviewers can complete 6 to 8 interviews per day for a survey with caregivers.
- One team of two interviewers can complete 5 to 7 interviews per day for surveys with children and young people.
- Focus group facilitator can hold 2 to 3 focus group discussions (FGDs) per day.
- Using the in-depth interview tools in this Guide, each interview averages about 1.5 hours. Need to factor in travel time and waiting time to see the person.
- Focus group facilitation and in-depth interviewing requirements must be determined for each location.
- Personnel are needed to arrange in-depth interview times and locations as well as to recruit focus group participants. Community partners should be able to assist with this before starting the fieldwork and make confirmations during the field-level training.

### *Identifying Interviewers and Moderators*

Interviewers must be able to interview a range of stakeholders, from officials at the local and national levels to children and adolescents. This is probably the single most important aspect of this activity. The interviewers also must be skilled at establishing a rapport with caregivers or heads of households whose living conditions are extremely stressed. Identifying suitable interviewers is not easy, and may require creative approaches, including considering alternative sources of qualified persons, such as professional groups of social workers or teachers.

Desired qualities of an interviewer include:

- Strong interviewing skills and experience conducting interviews
- Good listening and writing skills
- Empathetic and non-judgmental attitude toward HIV-infected persons and/or OVC
- Experience with and knowledge of HIV/AIDS-affected households
- Experience interviewing individuals with depression, anger, or other psychological problems
- Language skills appropriate for the data collection sites

The non-skills-based qualities of interviewers (e.g., ethnicity, religion, social class, and caste social status) can affect how respondents reply and what they will or will not say. For example, if a respondent believes (correctly

or incorrectly) that an interviewer is a “government official” or an “official medical person,” the respondent may not be comfortable telling the interviewer certain information.

For FGDs, the depth and quality of the information depends on the competence of the moderators conducting and documenting group discussions. The interviewer qualities noted above also apply to focus group moderators. Focus group moderators should have the ability to put people at ease, probe or ask follow-up questions, and establish group conversational dynamics. Establishing group conversational dynamics is distinctly different from one-on-one interviewing, and interviewers trained in quantitative approaches may not have the skills needed to facilitate focus group discussions.

A good focus group discussion moderator should be able to:

- Stimulate discussion among group members.
- Encourage participants to express divergent opinions.
- Draw out reluctant participants and control overly talkative persons.
- Keep discussion moving and focused on central themes.
- Remain non-critical and avoid giving “expert” opinions or asking leading questions.
- Effectively read nonverbal responses.
- Verbally and nonverbally show genuine interest in the discussion.

A practical strategy for building a team of interviewers and moderators is to select individuals who together have as many as possible of the essential characteristics needed to interview individuals and groups. It may be necessary to consider persons who have never worked with children or in areas affected by HIV/AIDS but who have experience in interviewing and moderating techniques. The Technical Lead may consider hiring people from the target communities as interviewers, but target group membership should not be emphasized over interviewer characteristics and skills. Also, confidentiality issues may limit the hiring of community members for the data collection process.

### *Identifying Psychosocial Support Persons*

The sensitive nature of topics about the emotional well-being of children requires that a trained PSSP accompany each interviewer and be available throughout FGDs.

The role of a PSSP is to provide immediate emotional comfort to children who need support during an interview or FGD. The team of interviewers and PSSPs should be gender-balanced. Possible sources for recruiting PSSPs include schoolteachers, church youth-group leaders, social service agency workers, and community NGO staff who support OVC activities or home-based care. Due to the confidentiality-of-information issue, the

### Duties of Interviewers

1. Help pilot-test the data collection instruments in collaboration with community advisors.
2. Conduct interviews in collaboration with a PSSP.
3. Immediately after an interview, check the completed questionnaire to be sure all questions were asked and all responses neatly and legibly recorded.
4. Go back to respondent if any questions were left unanswered or if responses need to be clarified.
5. Return completed questionnaires to team leader or field supervisor at the end of the day or during the day as designated.
6. Make sure questionnaires have all pages intact.
7. Make notes on questions that proved difficult for respondents; write comments in the margins indicating circumstances that might have affected a respondent's response (e.g., respondent appeared drunk).
8. Verify that questionnaires are stored in a secure place and are appropriately labeled and filed.

PSSP should not be a member of the community where the surveys or focus groups are conducted (see Appendix B for criteria used to select PSSPs).

Specific responsibilities of a PSSP include:

- Work closely with community advisors to prepare referral mechanism before starting interviews.
- Be present whenever the interviewer is conducting an interview.
- Observe carefully any negative reactions by a child during the interview by observing the child's verbal and nonverbal responses.
- Intervene as appropriate to address emotional breakdown, stress, or other negative behavior or responses of a child during an interview.
- Help the interviewer explain to the child (and/or

guardian) that psychosocial support is available if the child or parent/guardian expresses anxiety during the interview.

- Help establish a rapport with the child.
- Ensure stability of the surroundings during the interview.
- Build a trusting relationship that can facilitate the child's seeking help in the future.
- Explain to the child in what situation the child may seek out psychosocial support.
- Provide appropriate referrals for children and families. Referrals need to be established in collaboration with persons or organizations serving as the referral resource.

## III. Training Data Collection Teams

### *Training Survey Interviewers*

The goal of the training is to familiarize interviewers with the entire exercise of field data collection. The training normally covers the consent process, communications skills, review of data collection tools, discussion of what information each question is trying to gather, skip

### Example from the Field

#### **Interviewing Teams: Recruiting, Training, Supervising**

For surveys conducted with children in Zambia, the team consisted of seven interviewers and seven PSSPs in each of the four data collection districts. All team members, interviewers, and PSSPs came from the districts (but not from the compounds or neighborhoods) where the study took place. The PSSPs were recruited from organizations already working on these issues in the targeted districts and already trained according to the Family Health International training manual (see Appendix A—Resources for access information). The PSSPs returned to their organizations in a better position to respond to the psychosocial needs of families in their areas.

One team leader coordinated the four teams of 14 field staff each. A supervisor from the OVC projects coordinating the analysis supervised each team leader. The PSSPs were individuals trained to work with children and to deal with crisis situations. At a rate of at least four interviews per day the teams completed the data collection process in eight working days.

patterns, pilot-testing of questionnaires, discussion of field findings, and clarification on duties of field staff. At the end of the training, the interviewers should at a minimum have the following types of knowledge and skills:

- Understand basic care and support for OVC.
- Understand purpose and goals of the situation analysis as a whole and what information is being sought with each question.
- Understand how and why to gain informed consent and importance of the right of refusal.
- Know and appreciate the role of PSSPs.
- Understand why all households and sites are not to be analyzed.
- Have improved ability to approach and interview informants.
- Have enhanced observational abilities.
- Understand the importance of standardized interviews.
- Appreciate that some sensitive information is being asked in the surveys (e.g., knowing who is HIV-infected) and the importance of confidentiality and data security.

## Field Supervision

Depending on the size of the analysis (i.e., number of data collection sites) a field supervisor and several team leaders may be needed to oversee the interview process. In general, *team leaders oversee several interviewing teams at a particular data collection site; the field supervisor over-*

*sees the day-to-day work across the data collection sites and monitors the quality of data being collected.* It may be possible for the Technical Lead to simultaneously assume the duties of field supervisor.

Duties of team leaders include the following:

1. Maintain close contact with team members to closely monitor and support the work being performed at each stage of data collection, including sampling specifications (e.g., sampling points and selection of respondents). This monitoring and support is intended to ensure the quality of the fieldwork or data collection throughout the data collection process.
2. Ensure that the interviewers obtain informed consent from the caregivers and children.
3. Act as a resource person for team members, providing them with answers and clarification to questions that may or may not have been covered in their guidelines.
4. Introduce team members to community leaders or advisors to facilitate the fieldwork and/or interview process.
5. Organize and schedule activities of team members to ensure that the planned activities of the team are met within the required timeframe.
6. Liaise with field supervisor and/or Technical Lead to ensure mutual agreement and consistency of fieldwork as well as quality of data collection.
7. Monitor the work in progress and prepare and submit weekly reports to field supervisor or Technical Lead.
8. Thoroughly review all completed questionnaires to ensure they have been completely and correctly filled out.
9. Ensure invalid or incomplete questionnaires are voided and that the questionnaire identification number is allocated to a new questionnaire for the interviewer to complete with a new respondent.

10. Act as a motivator to team members.

11. Be available to assist in training team members.

12. Notify the field supervisor if an interviewer absconds from his or her duties or arrives onsite in an inappropriate state (e.g., intoxicated).

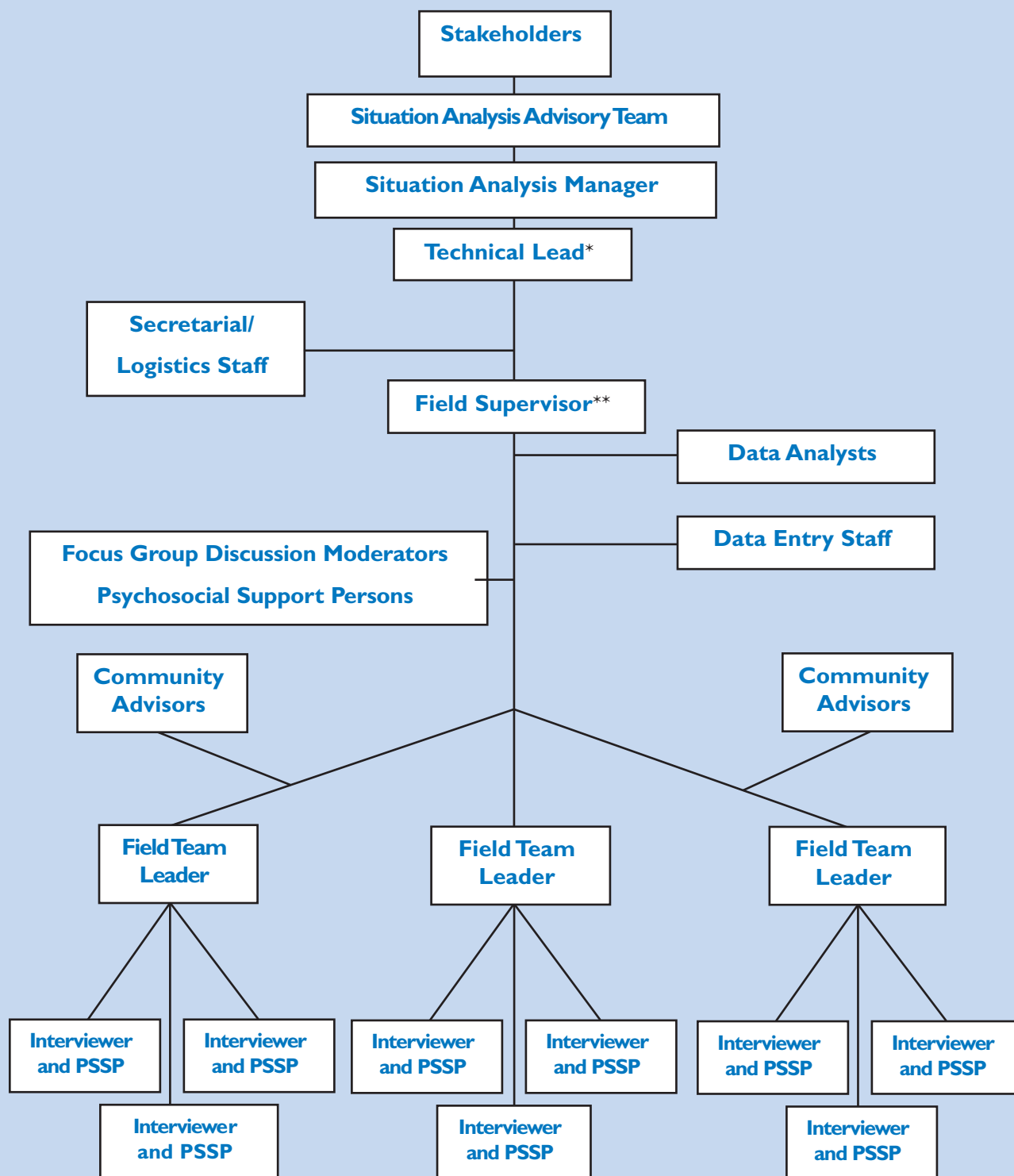
Duties of field supervisor include the following:

1. Participate in training team leaders and interviewers.
2. Provide overall guidance to team leaders as well as to interviewers in the effective implementation of data collection.
3. Ensure that team leaders undertake their roles as stipulated in the protocol.
4. Hold weekly or daily meetings with team leaders and interviewers to discuss performance and to plan weekly or daily activities.
5. Ensure that field staff and interviewers are not making up data or recording data incorrectly.
6. Ensure that completed and thoroughly edited questionnaires are parceled out properly by Team Leaders according to date and site for onward submission to Technical Lead and data entry staff.
7. Check the quality of data collected after the field exercise and ensure questionnaire data cleaning measures are undertaken as required.
8. Submit written report that summarizes highlights of the fieldwork, including key constraints and possible solutions for improving similar exercises in the future. The report should be no more than 5 pages and should be submitted no more than 10 days after data collection is completed.



## Illustrative Organization Chart

### Situation Analysis of Orphans and Vulnerable Children



\* Situation Analysis Manager may also serve as Technical Lead.

\*\* Technical Lead may also serve as Field Supervisor.

- Understand importance of collecting complete information, unless the participant refuses to answer.
- Understand that protecting the child being interviewed prevails over all research protocols.

The **content and duration** of interviewer training depends on the skills and experience of the interviewers and on the complexity of the data gathering tools. It is important that training sessions be as specific as possible and reflect the actual work that the interviewers are expected to carry out. Therefore, it is useful to develop a work plan to make careful preparation for data collection and share the work plan with interviewers during the training. In general, training sessions are designed to last from 3 to 6 days, and longer if it includes pre-testing data

### Limitations of Psychosocial Support Person

The PSSP will not be able to fully respond to every situation. The household circumstances and the emotional well-being of the children will significantly affect the amount and type of support that can be offered, as issues of confidentiality often limit what people can do to help. For example, if a girl reveals that she is being abused at home and asks to be taken out of the home, the PSSP can only refer her to someone who can help, which may be highly a frustrating experience for both the child and the PSSP. Such interview scenarios need to be addressed with community advisors during the training to prepare possible responses. Another limitation is the quality and availability of referral services. It is essential that the referral services be in operation and that the children do not have major difficulties accessing the referral services. The PSSPs may need to periodically visit recommended referral sites to maintain relationships and to check on the availability and quality of services. It is important to keep in mind that referrals offer limited comfort in an atmosphere of stigma and where the child is expected to initiate the post-interview follow-through. Consider alternatives such as working with local organizations to increase the availability of well-promoted and easy-to-access support groups and services. Close collaboration with community advisors before the interviewing phase of the situation analysis may result in creative approaches for addressing referrals, especially in under-served areas.

gathering tools (see Appendix A—Resources for a list of interviewer training materials and how to access them).

To ensure the most effective training possible, **participatory techniques** that directly engage trainees in the learning process should be emphasized when possible. Interactive small-group learning and actual practice interviewing (via role-playing) and note-taking will be important for evaluating the training process and accommodating individual trainees' needs. Because each questionnaire has its own specifics and pitfalls, it is necessary to conduct practice interviews with the data gathering tools. Practice interviews should be conducted regardless of the interviewers' skills and experience, and can be conducted as part of a pilot test in an area not included in the selected data collection sites. For example, it may be practical to interview people attending a previously scheduled counseling/education session. Trainees should be encouraged to express their concerns about interviewing children and households infected or affected by HIV/AIDS, anticipate challenges with fieldwork, and provide ideas about how to overcome these challenges.

### Training Psychosocial Support Persons

A trained PSSP must always accompany an interviewer administering a survey to a child less than 18 years old. PSSP support to FGD participants is also encouraged. A person being trained as a PSSP should attend the interviewer training as well as the training specifically covering psychosocial support for OVC. The aim of the PSSP training is to develop the awareness, knowledge, and skills the PSSP needs to provide for the psychological or emotional needs of children who show signs of distress during an interview and, when needed, provide referrals or take action for follow-up services. The PSSP trainees, in collaboration with community advisors (e.g., local CBO staff), should develop a protocol for responding to signs of distress in a child during the actual survey. An example protocol for responding to signs of distress in a child during an interview is included in Appendix C of this Guide. The PSSP and community advisors should also develop plans for follow-up referrals and for needed intervention services (e.g., assisting children who are being sexually abused). The mode of instruction during the PSSP training usually includes role-plays, group discussions, storytelling, field-testing questionnaires, and general discussions. The length of the PSSP training varies based on the skill levels of the trainees; the average length is 3 to 5 days (see Appendix A—Resources for a list of materials for psychosocial support training).

## *Training In-Depth Interviewers and Focus Group Discussion Moderators*

Ideally, survey interviewers (quantitative) would also be able to conduct in-depth interviews (qualitative). However, qualitative interviewing requires a different set of skills. In addition to the training areas described above, the training on semi-structured or open-ended interviewing techniques must include the elements of conversational style and instruction in nondirective interviewing, with ample demonstration and practice. Other training topics include the art of making probing comments, encouraging conversation, observing nonverbal cues, note-taking, techniques for managing problems that arise during the interview, and adapting, when applicable, what trainees have learned from quantitative survey work to qualitative data collection. The mechanical skills of taping and transcribing may also be needed.

Given the short duration of situation analysis, it may be best to identify experienced focus group discussion moderators who have previously moderated group discussions on HIV/AIDS issues. Becoming a skilled moderator usually requires extensive training and practical experience (i.e., practice with 10 or more FGDs), which is not feasible given the short timeframe of a situation analysis.

Experienced moderators, however, would likely require only a briefing on the analysis goals and the issues pertaining to OVC.

## **IV. Ethical Considerations**

Gathering information in geographic areas seriously affected by HIV/AIDS and gathering information from or about children require careful attention and planning. First, some areas may have already been subject to a progression of researchers who have come, asked their questions, and left, without providing any feedback or, much less, follow-up action. Community leaders and families who have had this experience may not be interested in cooperating with yet another analysis of their situation. Second, asking about problems can raise expectations for assistance, creating an incentive to exaggerate needs in the hope of receiving some benefit and thus distorting the information they provide. One solution proposed in this Guide is to use the situation analysis as an opportunity to mobilize or further strengthen responses that benefit vulnerable children. For example, community members, especially youth, can be consulted on the best or most appropriate ways to conduct the data collection, and they can help field-test the survey instruments. Also, community advisors can provide input on timing, loca-

### **Experience from the Field: Ethical Considerations**

For a situation analysis in Zambia, research staff submitted a protocol to a local ethics committee. The following describes their procedures to address ethical considerations, as presented to the committee.

Measures will be taken to ensure the respect, dignity, and freedom of each individual participating. During training, emphasis will be placed on the importance of obtaining informed consent (orally), and avoiding coercion of any kind. Complete confidentiality of study subjects will also be emphasized. Names of respondents will not be asked or recorded anywhere on the questionnaire.

In addition, during the interviews with children the interviewers will be asking the children to discuss issues that may be emotionally difficult for them. Therefore, each interviewer will be accompanied by a trained PSSP to deal with any emergency situations that may arise and for follow-up.

Each interviewer will be equipped with fliers to leave with the child and families that identify sources of support. Findings from these baseline data will also be used to develop interventions to support OVC and their families in

dealing with the psychological and social issues they confront.

Because some of the participants in this study are very young children, procedures have been put in place and steps used in the design of this study to maximize protection of minors. Some of these procedures are as follows:

1. A Zambian consultant who is experienced in working with children in crisis will be hired.
2. The protocol will be reviewed by the Research Ethics Committee of the University of Zambia and the Protection of Human Subjects Committee of Family Health International.
3. The research team, including the interviewers, will receive training, prior to the data collection, on child psychology and psychosocial issues affecting OVC.
4. A PSSP will be used to provide immediate support for any child or family in need.
5. Data collection will be anonymous.

tion, and reporting results for practical use. Community-based groups can be engaged to facilitate such community involvement.

Third, the data collection teams must put the best interests of the child first. Even when a child is willing to participate and voice his or her views, data collection teams must promote and protect the rights of the child to ensure the child experiences no harm, including emotional harm. A key upcoming resource is *Ethical Guidelines for Gathering Information from Children and Adolescents*.<sup>1</sup> When finalizing the protocol, the Advisory Team must discuss and develop plans regarding the following considerations:

- Purpose of the research is to obtain knowledge relevant to the well-being of children.
- Protecting children's safety and well-being takes precedence over the research protocols.
- Parent or legal guardian of each child to be interviewed has given consent (except in the case of child-headed households).
- Consent of each child has been obtained to the extent of the child's capabilities.
- Child's refusal to participate must always be respected, even after the interview has started.

### Experience from the Field: Budgeting Considerations

The situation analysis undertaken in Nigeria included both qualitative and quantitative data collection. However, interviews with children were not conducted. The situation analysis cost elements included the following:

**Pre-planning meetings cost** (budget for a minimum of three meetings; accommodation if people are coming from outside venue of meeting):

- Transportation cost to venue for those from outside and within city
- Meals and incidental expenses
- Hall rental – Meeting to develop collection instruments
- Tea breaks and lunches
- Stationery cost and secretarial support
- Consultancy fees

**Training core consultants and field-level staff:**

- Accommodation if people are coming from outside venue of meeting
- Transportation cost to venue for those from outside and within city
- Meals and incidental expenses
- Meeting space rental (Nigeria conducted the train-

ing in the FHI/Nigeria country office conference room and used the field offices and local NGO partner offices for field-level training, so they did not have to pay for hall rental)

- Tea breaks and lunches
- Stationery cost and secretarial support (e.g., notebooks, flipchart, tape recorders and audio tapes, pencils, diskettes)
- Consultancy fees and honorarium for state-level/research assistants/local NGO partners

**Fieldwork:**

- Car hire services (depending on the site, a motorcycle may be hired or bus services may be used)
- Payment (monetary incentive) to cover transportation for FGD participants
- Research assistant fees

**Budget for data analyst** (fees covered data entry and analysis and report)

**Budget for report writing, production, and dissemination**

**Stakeholder meeting at national and state levels**

<sup>1</sup> Schenk, Katie, and Williamson, Jan. Forthcoming. *Ethical Guidelines for Gathering Information from Children and Adolescents*. FHI/Horizons/UNICEF/USAID. Available soon at [www.popcouncil.org/horizons](http://www.popcouncil.org/horizons).

Situation Analysis Phase	Type of Resource Needed (list by type)	Estimated cost (indicate if in-kind or cash)	Source
<b>Planning</b> 1. Supporting Situation Analysis Advisory Team  <i>Travel/Accommodations</i> 2. Office equipment and supplies 3. Consultant fees: <ul style="list-style-type: none"> <li>• Analysis of secondary data</li> <li>• Literature review</li> <li>• Translation</li> </ul> 4. Salaries <ul style="list-style-type: none"> <li>• Situation Analysis Manager</li> <li>• Technical Lead</li> </ul> 5. Communications (telephone, postal) 6. Travel/transportation	Human, financial, goods and services	In-kind examples: donated space for meetings and hotel accommodations	Government ministry, international or NGO, multi- or bi-lateral donor, FBO, CBO, private sector, university
<b>Implementation</b> 1. Supporting Situation Analysis Advisory Team 2. Office equipment and supplies 3. Consultant fees: <ul style="list-style-type: none"> <li>• Trainers</li> <li>• Expert advisors</li> <li>• Translators</li> </ul> 4. Salaries <ul style="list-style-type: none"> <li>• Situation Analysis Manager</li> <li>• Technical Lead</li> <li>• Field supervisor(s)</li> <li>• Team leader(s)</li> <li>• Interviewers</li> <li>• Note-takers</li> <li>• Data entry clerks</li> <li>• Data analysts</li> </ul> 5. Communications (telephone, postal, printing) 6. Travel/Transport <ul style="list-style-type: none"> <li>• Field sites</li> </ul>	Human, financial, goods and services		Government ministry, international or national NGO, multi- or bi-lateral donor, FBO, CBO, private sector, university
<b>Dissemination</b> 1. Supporting the Situation Analysis Advisory Team 2. Office equipment and supplies 3. Consultant fees: <ul style="list-style-type: none"> <li>• Media specialist</li> <li>• Advocacy specialist</li> </ul> 4. Salaries 5. Communications (telephone, postal, printing) 6. Supporting national consultative meeting 7. Travel/transport	Human, financial, goods and services		Government ministry, international or national NGO, multi- or bi-lateral donor, FBO, CBO, private sector, university

- Measures are in place to provide psychological support to the child during and after the interview.
- Efforts have been undertaken to reduce any social costs of participating, such as being stigmatized due to being interviewed.
- Security measures are maintained to protect the raw data from unauthorized access or from being circulated outside the analysis team.

More discussion points can be explored by reviewing the questions listed in the flow chart in Appendix D.

Finally, a situation analysis is a form of research. As such, part of the planning includes specifying the review and approval procedures for research protocols and data gathering instruments by the funding agencies and local or national authorities. For example, there may be a human subjects review board or clearance process by a local university, or there may be laws, policy standards, or requirements specific to studies undertaken by international researchers.

## V. Budgeting

The total cost of a situation analysis varies so widely that at this time it is impossible to give an average cost for conducting a national or sub-national OVC situation analysis. Factors that affect costs and areas where

budget modifications can be addressed include: extensiveness and usefulness of secondary data, number of field sites and interviews, hiring of consultants, use of quantitative and qualitative methods for primary data collection, length of data collection tools, availability of qualified interviewers, and type of data analysis.

Investing in quick and easy data gathering can sometimes result in higher costs later in the analysis process if the thoroughness, reliability, and validity of the data and results are questioned. A loss of stakeholder trust and support is difficult to regain.

When drafting a budget for a situation analysis it is useful to consider **three primary phases: planning, implementation, and dissemination**. Within each of the three phases one must consider specific tasks, types of resources needed (e.g., monetary, human, and goods and services), and possible sources (both existing and needed). Drafting a preliminary or rough budget that shows the reality of undertaking a proposed situation analysis can guide decisions on the scale and scope of the analysis.

All organizations, government ministries, and associated donors have unique budgeting requirements and/or specific templates. The following chart may help with budget planning.



## Chapter Three: Data Collection Methods and Tools

This chapter describes various data collection methods and the related tools for analyzing the well-being of orphans and vulnerable children (OVC). **Method** refers to the scientific design or approach used in the situation analysis. **Data collection tool** refers to the instrument used to record the information gathered through a particular method.

Both quantitative and **qualitative methods** are discussed. **Quantitative methods** include secondary data analysis and survey methods. Qualitative methods include nominal group technique, in-depth interviews, focus group discussions, and direct observation. The discussions include defining the method, explaining why to use it, what the method requires, and how the method works. The following table summarizes the strengths and limitations of qualitative and quantitative data collection methods. Details about how to implement the methods are presented in Chapter Four—Data Gathering. The discussions of each method presented in this chapter are brief and aim to encourage a broad readership to become

acquainted with the data collection methodology. By doing so, those involved with the situation analysis will not only better understand the level of effort needed, but also be able to more adequately represent the analysis process and its results.

There is no set formula for determining what combination of data collection methods and tools should be used. When deciding which tools to use, the Situation Analysis Advisory Team will be guided by the topic areas identified for the analysis as well as by the available time and resources. Some topic areas are best suited for qualitative methods, such as gathering information on perceptions and opinions of existing activities for vulnerable children. Other topic areas are best suited for quantitative methods, such as those that involve numbers or percentages (e.g., number of orphans in school and percentage that are male and female); quantitative methods often require more time and more resources. This Guide recommends using a combination of quantitative and qualitative methods because a combination provides a more accurate and comprehensive picture of a situation than would be possible using only one method. Using multiple

Method <sup>1</sup>	Advantages	Disadvantages
Quantitative data collection (surveys, statistical records)	<ul style="list-style-type: none"> <li>• Consistent and comparable data can be collected</li> <li>• Cost-effective way to collect data from large populations</li> <li>• Questionnaires administered by interviewers are suitable for illiterate populations</li> <li>• Ensures standardized data collection over time; baseline measure is possible</li> <li>• Sampling approaches allow findings to be generalized to larger populations</li> </ul>	<ul style="list-style-type: none"> <li>• Time- and staff-intensive to develop, test, and implement data collection tools</li> <li>• Standardization of questions limits responses</li> <li>• Limited contextual information can be collected to explain responses</li> <li>• Inconsistency in data sets make comparison difficult</li> <li>• Rigid, as interviewers cannot deviate from data collection tools or protocol (e.g., to explain questions)</li> </ul>
Qualitative data collection (FGDs, observations, in-depth interviews)	<ul style="list-style-type: none"> <li>• Provides social and cultural contextual data on “why” conditions or behaviors exist</li> <li>• Offers in-depth understanding of situation</li> <li>• Suitable for data collection among all age groups</li> <li>• Flexibility in types and style of questioning even after data collection has started</li> <li>• Complements or instructs quantitative data</li> </ul>	<ul style="list-style-type: none"> <li>• Data not generalizable to larger populations</li> <li>• Participants may be biased</li> <li>• Data analysis can be time-intensive and subjective</li> <li>• Facilitator or observer can introduce bias</li> <li>• Respondent time-intensive, limiting sample sizes</li> </ul>

<sup>1</sup> Scrimshaw and Hurtado, 1987. *Rapid Assessment Procedures for Nutrition and Primary Health Care*. The United Nations University and University of California.

## Combination of Quantitative and Qualitative Methods

Using both quantitative and qualitative methods offers a more detailed and meaningful description of the situation of orphans and vulnerable children than using only one method. Qualitative information can guide the crafting of survey questions and be used to help interpret the causes and meanings of statistical findings. As illustrated in the following example, using only quantitative data might lead to a recommendation for getting more children into the existing school system. However, with the added perspective gained from focus groups, it appears that the school system itself needs an intervention **before** it can take in more children.

### Combining Quantitative and Qualitative Methods

#### Quantitative Method (Survey)

Question: Are you currently attending school?

Response: 60% of boys said “yes” and 15% of girls said “yes”

#### Qualitative Method (Focus Groups with Girls)

Question: What are the reasons for not attending school? Responses:

- I didn’t learn anything.
- Teachers force sex on girls.
- Teachers don’t care about girls learning.
- Boys tease the girls and want sex.
- My teacher gave me “the sickness. I’m too ill to go now.”

methods also serves as a cross-check on findings and conclusions offered by each method. In addition, using both quantitative and qualitative methods:

- Avoids the possibility that the situation analysis findings are an artifact of a single method, a single source, or a single researcher’s biases
- Offers a descriptive analysis of the situation as well as conveys the magnitude of the problems
- Provides a way to consistently track programs over time and/or across locations
- Presents compelling evidence needed to mobilize and target resources

## I. Analysis of Secondary Data

### *What is it and why is it used?*

Analyzing secondary data involves reviewing variables in existing quantitative data sets and determining if analysis of any of the variables will inform the situation analysis of HIV/AIDS-affected children. For example, using the Haiti DHS data set for 2000 it is possible to produce the summary data on orphan status by type (below).

Reviewing secondary data sources can significantly reduce the amount of time and effort required to gather primary data. That is, existing data sources may provide sufficient information to define the problem or terms of reference for the situation analysis. A summary report of secondary data analysis combined with guideline materials, such as *A Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV/AIDS*, can indicate information gaps. Primary data collection for the situation analysis

Sub-National Prevalence Rates of Maternal, Paternal, and Double Orphans Among Children Under Age 15 and Percent of Persons in Households with Orphans

	Region Sample Size (Weighted)	Maternal Orphans	Paternal Orphans	Double Orphans	Total Orphans	Persons in Households with Orphans
Haiti (DHS 2000)	18,726	3.0	6.4	0.8	10.2	16.4
Metropolitan Area	4,077	1.9	7.2	1.0	10.1	15.6
North	7,279	2.6	5.5	0.8	8.8	15.4
South	7,406	4.0	6.8	0.8	11.6	18.0

Nyangara, Florence. Forthcoming. *Sub-National Distribution and Situation of Orphans: Targeted Countries by the President's Emergency Plan for AIDS Relief*. PHNL.



can then be designed to focus on the gaps and add depth of meaning or to expand the understanding of the secondary data. The following are objectives of a secondary data analysis that were adapted to the situation of orphans and vulnerable children:

1. Provide information about the increasing dependency burdens on the working-age populations (dependency ratios) in communities and the changes that have occurred over time within and across HIV-burdened areas.
2. Examine the sub-national geographic prevalence rates (province, state, or other division) of orphans (maternal, paternal, and double), determine changes over time, and identify sub-regions with HIV/AIDS prevalence rates higher than the national rate.
3. Describe the trends and differences in living arrangements (relationship to the household head) for all types of orphans and for children living in households affected by life-threatening illnesses.
4. Determine the extent to which children's living circumstances compromise their welfare, considering the sex and age of child, sex and age of household head, socioeconomic status, child health status, and other living conditions within the country. Cross-match variables (e.g., child's education status by head of household gender or child malnutrition rates by gender and education status of head of household) to determine how they differ for orphans and non-orphans.
5. Investigate the factors that have the greatest effect on children's well-being (e.g., measured in terms of school attendance for 6- to 18-year-olds), comparing orphans and non-orphans and considering the examples noted in objective 4 above.
6. Discuss the programmatic implications of the situation analysis findings.

### *What Does Secondary Data Analysis Require?*

#### **Data Sources**

In many countries there are a variety of information sources available, such as Children on the Brink 2004, Multiple Indicator Cluster Surveys, DHS, census data, Country Response Information System (UNAIDS), household surveys on living conditions and post-harvest conditions, national nutrition surveys and other ministry-level data (e.g., Education, Management Information System data), and NGO- and donor-collected data and reports. These surveys may be available

at the country's national bureau of statistics. The Situation Analysis Manager and the Technical Lead can examine these data sources and determine to what extent they can be relied on to convey the welfare of orphans and vulnerable children.

#### **Variables or Indicators to Review**

The more specific the information obtained from secondary data sets the better it will explain who is most vulnerable and how the vulnerability is manifested. It is especially useful to obtain data broken down by men, women, children by various age groups, and household composition as relevant to a particular variable being examined (e.g., number of female-headed, male-headed,

### **Rapid Assessments**

An emerging approach to gathering information on orphans and vulnerable children is to undertake a rapid assessment. Such assessments can reduce the costs of information gathering and make data available quickly for program design, implementation, and evaluation. Characteristics of a rapid assessment vary widely, but often include:

- Literature review
- Quick feedback of results
- Short and rapid questionnaires
- Small sample sizes (abbreviated sampling methods to reduce data collection time)
- Qualitative and/or quantitative methods

A rapid assessment is useful as an indicative or "early-warning" tool to quickly identify local problems and possible solutions. However, rapid assessments are not participatory, by design, and offer less valid and reliable statistical estimates than a participatory situation analysis.

Findings from a rapid assessment can be used during an initial stakeholder meeting to initiate mobilization, build consensus on definitions, and identify gaps in actions for orphans and vulnerable children. The findings can also serve as a foundation for more a in-depth analysis leading to a comprehensive understanding of the situation of orphans and vulnerable children.

"MacIntyre, K. 1999. Rapid Assessment and Sample Surveys: Trade-Offs in Precision and Cost." *Health, Policy, and Planning*, 14(4) 363–373.

and child-headed households and corresponding income levels). Two publications, *Strategic Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV/AIDS* (UNICEF, 2004) and *Conducting a Situation Analysis Specific to Orphans and Vulnerable Children Affected by HIV/AIDS* (Williamson, J., Cox, A., and Johnston, B. 2004), contain indicator lists that can be addressed by secondary data analysis and that are relevant to the status of vulnerable children. These data include:

### ***Demographics***

- Population estimates and projections
- Population of children orphaned, including those orphaned by HIV/AIDS
- Population growth rates
- Number of fostering households
- Estimated number of children living on the street
- Number of female-headed households
- Migration and immigration rates
- Birth registration

### ***Care Practices***

- Percent of households with children, including those who are orphans
- Average number of orphans per household
- Percentage of female-headed households with and without orphans
- Residence patterns for orphans and non-orphans.
- Estimated number of children in institutional care
- Dependency ratios (sum of children under 18 and persons 60 years or older divided by number of persons aged 18 to 59 years)

### ***Health***

- HIV prevalence rates for adults and children
- Sexually transmitted infection prevalence rates
- Infant and child morbidity (e.g., tuberculosis, malnutrition, pneumonia, intestinal worms)
- Infant and child mortality (non-AIDS, AIDS-related, future projections or estimates)
- Childhood immunization rates
- Food security and nutritional status

- Percent of population with access to basic health services and/or distance from health facility
- Care services for children living with HIV/AIDS

### ***Economy***

- Employment rate
- Per capita income
- Gross domestic product
- Gross national product per capita and annual growth rate
- Population living in absolute poverty
- Child labor statistics

### ***Resources***

- Number of organizations providing support to communities and families affected by HIV/AIDS, and types of services offered and to how many people
- Government expenditure per child or percent of government budget allocated to orphans and vulnerable children

### ***Laws and Policies***

- Presence and enforcement of inheritance laws (number of cases presented and case outcome)
- Child labor laws in place
- Laws prohibiting abuse and neglect of children (number of cases reported and case outcome)
- Laws to prevent and provide recourse for workplace discrimination of people living with HIV/AIDS

### ***Education***

- Population of school-age children
- Primary and secondary school gross enrollment rates
- Gender parity index for enrollment
- Orphan school attendance ratio\*
- Orphan school completion ratio\*\*

\* Orphan school attendance ratio (i.e., the ratio of orphaned children ages 10 to 14 in a household survey attending school to non-orphaned children the same age attending school) was the only indicator related to orphans and other vulnerable children developed at UNGASS for HIV/AIDS and is a United Nations Millennium Development Goal indicator as well).

\*\* Orphan school completion ratio (i.e., ratio of orphans and other vulnerable children ages 13 to 17 in a household survey that completed primary school to non-orphans and other vulnerable children of the same age who completed primary school).

## Comprehensively Analyzing the Situation of Orphans and Vulnerable Children

Most secondary data sets that might be consulted for a situation analysis are based on household surveys. This is a useful and valid methodology to assess the scope of certain problems at the population level. However, reliable estimates and characteristics of orphans and vulnerable children depend on the ability to capture a representative sample of this group among children in different contexts. For example, estimates of orphan prevalence would be understated using household surveys alone and orphan characteristics would be biased to the degree that those living in households are fundamentally different from those living in institutions or on the street. Therefore, it is important to augment data from household surveys (e.g., DHS and MICS) to include children outside of family care. A proposed comprehensive methodology for doing this is presented in *Guide to Monitoring and Evaluation of the National Response for Children Orphaned and Made Vulnerable by HIV/AIDS* (UNICEF, forthcoming). This resource suggests the following.

**Children living outside of family care.** A census of institutions and orphanages that care for children can be conducted. Once the institutions have been identified, the orphans and other vulnerable children living in them can

be enumerated. In countries where there are large numbers of children living in institutions and/or where there are many institutions, it is necessary to take a sample of institutions.

**Homeless children.** The methodology for sampling and surveying homeless orphans is complicated, as it is difficult to locate and conduct interviews with homeless orphans. The method to locate them involves developing an adequate sampling frame. Street children are a mobile “floating” population group, and they must be sampled using the concept of time-location sites, a method of sampling mobile children and youth that is unbiased and adheres to the tenets of probability sampling. On the basis that everyone sleeps somewhere, it is recommended that the sampling of street children be confined to places where youth and children are known to sleep, such as railway stations, other transportation terminals, and under bridges. A sampling frame can be developed by working with government officials, NGOs, religious leaders, and others who work with street children. The first step is to select the time-location sites; the second step is to post interviewers at the sites for the time interval designated and interview all the youth that are present or arrive at the sites during that period.

- Education costs (tuition, supplies, boarding)
- Dropout rates
- Completion rates
- Grade repetition rates
- Number of schools attended
- Number and percent of trained teachers

### Operational Definitions

For each secondary data set, the definitions used to identify the respondents and the definitions for the variables investigated (e.g., household, children, orphans, head of household, income) must be included. It is likely that the definitions from different data sets will vary, which will make it challenging to compile the information from the different sources on the variable of interest into one composite report. If possible, the various data sets that have commonalities should be isolated.

Depending on how data were coded it may be possible to extract data within the defined parameters (e.g., looking at data only from households that include children

under age 5). The following definitions were used to extract and report data from DHS and MICS (children whose parents’ survival status was missing or unknown were eliminated from the analysis):

- Maternal orphan: Child under age 15 whose natural mother has died.
- Paternal orphan: Child under age 15 whose natural father has died.
- Double orphan: Child under age 15 whose mother and father have both died.
- Total orphans: Total number of children under age 15, whose natural mothers, fathers, or both, have died.
- Household: Person or group of persons who live within the same dwelling and share a common source of food.
- Dependency ratio (DR): Proportion of dependents (number of children ages 0 to 14 years + number of elderly persons ages 60 years and over) to the work-

ing-age population (number of persons ages 15 to 59 years) x 100. This formula is used for less developed countries because the proportion of those ages 65 and over is very small.

- School enrollment status: Children currently in school at the time of the survey.

### Analysis Plan

After agreeing on the definitions and selecting secondary data set variables, the assessment team must decide how to measure the dependent variable (e.g., child well-being or family capacity). This requires determining what combination of variables from the secondary data sources will be pulled out to construct the composite on the status of child well-being (e.g., school attendance, household socioeconomic status, immunization) or family capacity (e.g., income, household inventory, dependency ratio). Various statistics can be used to look at the relationship between orphan status and the selected child well-being factors. It may be useful to first run frequencies for different variables and then determine if, for example, the variance in school enrollment between orphans and non-orphans is statistically significant.

It is useful to arrange or aggregate the variables to address the following five questions:

1. What is the current capacity of communities and families to protect and care for vulnerable children?
2. How mobilized are community-based responses to orphans and vulnerable children?
3. To what extent do orphans and vulnerable children have access to basic or essential services?
4. How is government protecting the most vulnerable children?
5. In what ways does a supportive environment exist for orphans and vulnerable children?

### *How Does Secondary Data Analysis Work?*

In some countries, the secondary data analysis is phase one of a situation analysis. The process culls existing information, highlights relevant variables, decides which data need to be pulled out, works with a statistician to analyze the selected variables, and presents findings to stakeholders and/or the Situation Analysis Advisory Team. This review of secondary data can serve as a “wake up” call to mobilize stakeholders to undertake immediate action. Terms of reference for further data collection can be simultaneously drafted to address gaps and to deepen

### Limitations of Secondary Data Analysis

Despite the usefulness of secondary data sources (e.g., DHS and MICS household surveys), most have limitations. One important limitation is that the standard health information forms on parents (i.e., frequently sick, very sick, or dying) lack data for children under 15 years of age. Therefore, vulnerable children with limited parental care cannot be part of the analysis. Another limitation is that the surveys provide data only for children in households, not for children living on the streets or in institutions, thus underestimating the total number of orphans. In addition, most orphan data are for children whose parent or parents have died from all causes, which poses problems when trying to identify the number of children orphaned by HIV/AIDS. It is difficult to analyze and cross-check data on migration, nutritional, immunization, and psychological status of children or on child labor and child abuse because few sources collect such information. Finally, many surveys are cross-sectional, providing a one-time measure of the orphan situation; these surveys do not cover changes over time and thus may give an incorrect impression of the underlying causes of orphan rates.

the understanding of the situation of vulnerable children and their families. The productive outputs for secondary analysis depend on the availability of and access to existing data sets.

## II. Qualitative Data Collection Methods

### *Nominal Group Technique*

#### What is it and why is it used?

The nominal group technique is a process used to gain consensus on issues among a group of people. The advantage is that it moves between individual and group decision-making, allowing each participant to voice his or her opinion before the group discussion begins. The nominal group technique is recommended as a consensus-building method for the group of people who will decide on the situation analysis topic areas. The example used in this Guide assumes that the Advisory Team members will make the decision on topic areas.

While it may be easy to agree on general topics to be explored through secondary data analysis, deciding what needs to be included on a children or caregiver survey



may produce an endless list of topics and questions to be raised on the survey or explored in focus group discussions (FGDs). The final product when using the nominal group technique will be a list of topic areas and areas of inquiry to be explored using various data gathering methods during the situation analysis. Decisions on topic areas are critical to the actions that will follow the situation analysis, which are to draft a national action plan and develop a related monitoring and evaluation strategy.

The nominal group technique also may be used for an Advisory Team meeting after the data collection findings have been presented. There may be many interesting findings; however, reporting too many findings can dilute the power of the final report by giving an overwhelming sense of what is needed to assist vulnerable children.

### **What does the nominal group technique require?**

In addition to a facilitator, such as the Situation Analysis Manager, this decision-making method requires a list of potential topics or theme areas for the analysis. Findings from the secondary data analysis provide a basis for discussing and generating a comprehensive list of potential topics and sub-topics. Most likely the group will find gaps in the data provided by secondary analysis. The Advisory Team can gauge the extent of the information gathered through the secondary data analysis by reviewing the descriptions of topic areas below, the data collection tools provided in this Guide (see Appendices E, F, G, and H), and *Guide to Monitoring and Evaluation of the National Response for Children Orphaned and Made Vulnerable by HIV/AIDS* (UNICEF, forthcoming).

Taking time to review the range of possible topic areas and related lines of inquiry encourages a dynamic process and makes it obvious to others that the Advisory Team is being thorough.

### **Potential topic areas**

Potential topic areas are listed and described below.

**Education.** Issues related to school attendance and performance, such as present or past attendance (ever been in school), type of school attended (e.g., private or public), school grades, years completed, reasons for dropout /not attending school, mobility, and change of school.

**Health Care and Prevention.** Information on children's access to basic health care (e.g., preventive and curative) and illness management (e.g., traditional therapy, accessing a health facility, fee payment, drug use, risk of

acquiring HIV/AIDS, methods and commitment of household resources to medical expenses, other health problems such as STIs, and early pregnancy). An important aspect of the health theme is gathering information on children living with HIV and their access to care, including prevention and treatment of opportunistic infections, access to psychosocial support, access to voluntary counseling and testing, and home-based care.

**Nutrition and Food Intake.** Information on the type and extent of food consumption by the child or the household. Areas of inquiry include number of meals per day, type of meal (to assess food variety), drinks other than water, if the child has eaten the previous day and eats every day, and difference in food allocation within the same household (i.e., orphans versus non-orphans). To assess food security, areas of inquiry can include means of providing food at home (e.g., work or farming), difficulties providing food, and receipt of government or NGO assistance.

**Psychosocial Support.** Involves gaining critical insight into a child's well-being and development. Information gathering on resilience, child's feelings about ill or dead parents, feelings about living with the guardian, relations with other brothers, sisters, and other relatives, and psychosocial support from individuals (e.g., relatives, guardian, religious person). Also information on child's emotional well-being, such as happiness, sadness, anger, anxiety, hopelessness, fear, trouble sleeping, refusing food, social connectivity, separation from siblings, and possessing memory objects from parents.

**Shelter.** Housing conditions, including availability and type of habitation, number of rooms, material used to build the house, sanitation, source of water, and lighting. Alternatively, information on other forms of shelter (e.g., institutional care) and its condition and/or quality.

**Family and Community Capacity.** Information on meeting basic needs of children in vulnerable households, caretaker availability, income-generating activities, household inventory, external support sources, inheritance issues, sibling separation, succession planning, and access to HIV/AIDS treatment. Also information on existing community structures to provide essential support to households with orphans or vulnerable children, level of government support provided to communities to assist those most vulnerable, and strategies used by communities to mobilize resources (human and materials) to support orphans and vulnerable children.

**Policies and Regulations.** Efforts to see if policies, laws,



and regulations relevant to child and widow protection and child social welfare are in place and if there are any barriers to enforcing them. Who is responsible for policy formulation, approval, and adoption? What constraints are encountered when applying the regulations?

**Resources and Resource Mobilization.** Amount of resources (human and monetary) available and allocated for orphans and vulnerable children and efforts undertaken by stakeholders across multiple sectors to mobilize resources for the care and support of HIV/AIDS-affected children and their families.

**Stigma and Discrimination.** Community member and healthcare provider perceptions and opinions of orphans, PLWHA, and their children, and experiences of being marginalized (i.e., being teased, being denied access to services, or being excluded from community activities and rituals).

### How does the nominal group technique work?

Generally, there are six steps in the nominal group technique.

Step 1. Each Advisory Team member lists and prioritizes questions or themes. Team members should be encouraged to think beyond their own area of expertise to generate a broad list of topic areas or themes. The facilitator can participate in this activity, but should wait until all others have finished commenting so as not to influence the discussion.

Step 2. Each Advisory Team member reads his or her list to the group and the facilitator writes each topic or question on a blackboard or flipchart. At this point, there should be no discussion about the merits of the items. If an item is unclear, participants should explain the issue so that all participants have a similar understanding of why the issue is listed. Similar items may be consolidated.

Step 3. Each Advisory Team member copies the list on the blackboard onto their own paper and ranks the items on the list from 1 (most important) to n (least important).

Step 4. Each Advisory Team member reads off his/her own ranking of the items, which is then added to a consolidated list of the topics or themes, with each team members' ranking number written beside each issue for all to see. An example of what this might look like is presented in the following text box.

Step 5. Review the ranking to see if there is a consensus about any of the topic areas or themes. Use another color to write down the final rankings. For example, the ranking in the example above yielded the same rank for the issue concerning educational assistance, so this ranking emerged by consensus.

Step 6. For each theme where the rankings vary, discuss the result and allow team members time to air their perspectives. Encourage the group to come to a consensus about the ranking for each theme. Write the final ranking for each theme separately, using a new color or a clean piece of paper. The final ranking is the list of

### Example of Nominal Group Technique Activity

Once the total for each question is calculated, the items most important to the group are those with the highest totals. The result is a ranking of potential issues to be covered by the situation analysis.

Issue	Rank by Person					Total
	Member A	Member B	Member C	Member D	Member E	
What is each donor doing for vulnerable children?	2	3	1	2	2	10
How do children in female-headed families compare with children in male-headed families?	1	4	2	3	4	14
What models of care exist for vulnerable families?	3	2	4	4	3	16
What are barriers to education for vulnerable children?	5	5	5	5	5	25
What role is the private sector playing to assist vulnerable children?	4	1	3	1	1	10

(1 = least important, 5 = most important)

themes or domains for the situation analysis. The Advisory Team can then expand the list to include specific lines of inquiry and indicators relevant to each theme area. The Situation Analysis Manager and Technical Lead then work together to determine which data gathering methods are best suited to address the identified topic areas and associated questions.

## *In-Depth Interviews*

### **What are they and why are they used?**

In-depth interviews typically involve one interviewer and one respondent or informant. The objective is to gain perspectives, reflections, and observations from persons who have special knowledge, status, or access to information that is not available to the interviewer by other means. Some informants may provide only descriptions of things or conditions, without offering personal thoughts on their meaning or significance. Interviews for a situation analysis of vulnerable children may involve a range of informants, such as government officials, health workers, community leaders, teachers, young people, as well as representatives of organizations working to benefit orphans and vulnerable children. During or after the interview, some informants may be recognized as key informants, and then be called on several times during the situation analysis process.

In-depth interviews can occur at any point during the analysis; however, the usefulness of the inter-relationships of the various methods is maximized during the planning phase of the situation analysis. Often, information from in-depth interviews is used to develop the quantitative and qualitative data collection tools. In-depth interview information can also reinforce or expand on findings from questionnaires and FGDs. Undertaking an inventory of services and organizations benefiting orphans and vulnerable children involves in-depth interviews that are more structured than in-depth interviews with stakeholders and key informants.

### **What do in-depth interviews require?**

The Advisory Team provides input to make decisions about who is to be interviewed and when. Selection criteria must be developed to determine which categories of people and organizations (e.g., by geographic coverage and by function) to interview. Given the multisectoral needs of children, possible informants include government ministry personnel (e.g., labor and finance) in an effort to obtain their perspectives and responses to the increasing number of vulnerable children. When deciding who to interview, it is useful to consider what actions

are likely to be taken immediately following the analysis and who can influence those actions.

The number of in-depth interviews conducted depends on the number of activities and programs under way at the national and sub-national levels. The goal is to collect information that represents the range of experiences and perspectives about orphans and vulnerable children and the activities benefiting them. There should be a sufficient “spread” of respondents, in terms of their characteristics, who might influence discussion responses (e.g., perspectives on the well-being of orphans and vulnerable children from HIV-infected persons and from persons who are not infected).

In addition to trained interviewers, a list of topics to be covered is also needed. The interviewer and Technical Lead should work together to determine the types of topic guides needed and the overall structure and style of questioning (i.e., open-ended versus closed-ended). These decisions will depend on the range of people being interviewed. For example, home-based care providers and officials within the ministry of sport and youth services require different topic guides. Appendix F contains some topic guides that can be used as prototypes.

Tape-recording and transcription are also helpful, but their use depends on the comfort level of the respondents. Transcription increases both the accuracy of the data collection and the amount of time needed to process the data. Note-taking is a vital component of qualitative data collection. A two-person interview team may be needed in each interview to increase the quality and accuracy of note-taking. More information on note-taking is presented in Chapter Four—Data Gathering.

To produce the summary report, it is necessary to combine, code, and analyze information from the interviews. The summary report can be tied to the intended use of the interview information (such as informing or illuminating other data sets) or can be a stand-alone document (e.g., inventory of services and organizations). Analysis of qualitative data is covered in Chapter Five of this Guide.

### **How does in-depth interviewing work?**

In-depth interviewers typically use a written set of flexibly worded topics or questions that guide the conversation and keep it on track without imposing boundaries on the participant’s style and expression. This interview style is usually informal, but can be highly structured. For example, an interview to obtain service and organizational inventories must be more structured than discussions with line ministers. Interviews vary from 20 to 90

minutes, depending on the interview guide and on the person being interviewed. Interviewers can tape-record the interview and transcribe it later or can take notes and then expand and formalize them immediately following the interview.

Unstructured interviews are useful because they allow respondents to identify and discuss the issues that they think are most important, rather than being guided by the interviewer's questions. However, the information from unstructured interviews is often difficult to combine, code, and analyze because the interviews differ in content, depth, and duration. When it is important to compare responses from different respondents, one must ask each respondent the same questions. This involves preparing a set of specific initial interview questions. After each initial question, interviewers use their skills, including probing, to elicit more in-depth information. Probing allows the interviewer to get more detailed responses to the initial question. This follow-up technique is one advantage that semi-structured interviews have over more structured interviews.

How does one know when enough in-depth interviews have been conducted? As a general rule for qualitative data collection, when the responses from all interviews begin to sound repetitive or when little new information is being derived from the interviews one can be reasonably confident that the point of redundancy has been reached and that enough interviews have been conducted. For example, after seven or eight interview with teachers, the responses may not sound dramatically different. An exception to this rule is in a situation where, for cultural or political reasons, all persons in a particular category must be contacted for an interview, such as members of a district child protection task force. Resources on conducting in-depth interviews are provided in Appendix A—Resources, “Qualitative Methods.”

## Focus Group Discussions

### What are they and why are they used?

Focus group discussions (FGDs) are used to gather targeted information from a group of people via open-ended questioning. Ideally, the FGD includes people from the target populations and/or stakeholders for the issue under study. The interviews are conducted with groups of people because the group interaction is as important in providing data and insights as is the content of the answers.

A decision to use FGDs instead of in-depth interviews (or in addition to in-depth interviews) is driven by the

need to experience, albeit in an artificial setting, social norms, expectations, values, and beliefs. The moderator stimulates the exchange of ideas and encourages debate, for example, when discussing the extent of a problem and possible solutions. This process is particularly useful when the subject is (1) stigma and discrimination directed at or experienced by vulnerable children or (2) the relevance of programs and policies for benefiting HIV/AIDS-affected children and families. Information from FGDs may expand on the meaning of the answers given in standardized (quantitative) interviews with chil-

## Data Collection Tools for In-Depth Interviewing

This Guide describes two categories of data collection tools for in-depth interviewing: an organizational assessment guide and semi-structured interview tools.

An *organizational assessment guide* uses closed- and open-ended questions for use with service providers and organizations offering assistance to orphans and vulnerable children and their caretakers.

Organizations include those providing institutional care to children and those with programs focused on child survival, safe motherhood, micro-credit, home-based care, faith-based support, and others.

An organizational assessment gathers information about management, mission, programs, links with other organizations, descriptions of children served and activities provided, staffing, resources, and future plans. The resulting inventory helps to identify existing resources, to determine who is doing what (e.g., models of care), and to uncover critical gaps.

*Semi-structured interview tools* include open-ended questions to facilitate discussion and are used to interview government officials at ministries (e.g., social services, health, education, youth and sports, and women's affairs), community key informants (e.g., religious and other community leaders), health workers (e.g., doctors and nurses), and teachers.

Semi-structured interview tools gather information about policies, definitions, availability and status of safety nets, allocation of resources, commitment to the issue, challenges to care and support of vulnerable children, and preferences on involvement with the issue. This information can elaborate existing data, inform other data collection methods, and help mobilize stakeholders.

dren. For example, an FGD may increase the understanding of what motivates high-risk behaviors. FGD information can also be useful when developing questions for standardized questionnaires. For example, responses and debate over the question “What conditions must exist for a vulnerable child to feel safe?” might generate several potential responses for a related survey question.

The FGD methodology provides in-depth information, but it does not produce quantifiable data and the findings cannot be generalized to a larger population. The

### **Experience from the Field: Conducting In-Depth Interviews**

In Nigeria, the research team conducted the following in-depth interviews with key informants and with staff of organizations undertaking activities for orphans and vulnerable children:

**One-on-one interviews** (20 interviews of key informants):

- Four interviews with ministry/government officials
- Ten interviews with staff of NGOs
- Six interviews with community leaders/spokespeople

Specifically, a minimum of 2 traditional leaders, 2 religious leaders, 2 teachers (principal/school head), and 4 health workers (community health workers/doctors/nurses) per Local Government Area were interviewed. Note, however, that important community/spokesperson and opinion leaders outside these categories were identified from the key informant interviews (e.g., PLWHA). These identified persons were interviewed when time permitted.

### **Organizational response and capability assessment**

Representatives of organizations such as the following were interviewed: institutional service provider organizations (private and public), NGOs, CBOs, and religious groups. As many NGOs as possible were covered, but no fewer than five. A variety of organizations were sought to include those providing assistance and working within areas that directly or indirectly benefit children, such as those that are involved with child survival, safe motherhood, community development, micro-finance, and other OVC-related services.

findings will not include numbers or percentages, such as “80% of participants believed that stigma is a main barrier to helping children affected by HIV/AIDS.” Instead, FGDs capture broad themes that convey participants’ experiences and perspectives and uncover why people think and feel as they do. A theme related to stigma would present summaries of purported underlying causes of stigma and suggestions for decreasing it (see Appendix A—Resources, “Qualitative Methods” for sources of more information on FGD methodology).

### **What do focus group discussions require?**

A focus group discussion requires a group of 8 to 10 people experienced with or vested in the topic to be discussed. People in the group may or may not know each other. The cultural context will direct the Technical Lead on what is appropriate for obtaining comfortable group interactions. It helps for the group to be as homogenous as possible to avoid factors like authority or power dynamics that can impede free discussion. For example, people in authority positions may dominate the discussion.

In terms of the number of FGDs needed, the rule of thumb is to conduct at least two FGDs for each defining demographic variable (e.g., sex, age, residence, orphan status). For instance, to better understand and explore the issues of inheritance, birth registration, and succession planning among caregivers and community leaders will require at least 6 FGDs per data collection site (2 groups with female caregivers, 2 groups with male caregivers, and 2 groups with community leaders). If the desire is to explore these same issues from a rural versus urban community context, 6 FGDs per location would be needed based on the same demographic breakdown. The number of defining variables or audience characteristics to be included increases the resources (e.g., time, money, and personnel) needed to transcribe, translate, code, and analyze the data. It is a common misconception that focus group data collection is less expensive than standardized or quantitative interviewing.

Because group interaction is key to productive FGDs, an experienced, well-trained moderator and a carefully crafted topic guide are essential. The moderator must be able to establish a non-judgmental and permissive environment that encourages people to speak comfortably and freely. The moderator must be empathetic and diplomatic and have strong observational and listening skills. The participants should do the majority of the talking, while the moderator should keep the discussion moving and focused on the topics. Similar to in-depth interviewing, the moderator will probe participants’ comments to



## Experiences from the Field: Conducting Focus Group Discussions

For the orphans and vulnerable children situation analysis in Nigeria, six FGDs with approximately 8 to 10 persons per group were conducted in each Local Government Area:

### One-on-one interviews

(20 interviews of key informants):

- Four FGDs with community members (2 male and 2 female for adults over 24 years of age)
- Two FGDs with young persons ages 18 to 24 (1 male and 1 female)
- One FGD with PLWHA and another with HIV/AIDS-affected people
- Fourteen FGDs total

obtain clarity, to deepen the discussion, and to trigger comments by other participants. The topic guide should include suggested areas for further probing for each question. For example, when asking about the process used to identify guardians for a child soon to be orphaned, one could probe for reactions (pros and cons) to having a succession plan in place.

The amount of structure in the topic guide should match the analysis needs and the skills of the interviewers. For example, if the data are to be summarized and compared across data collection sites, structured questions are best. More structure also is preferable if there are several different focus group moderators with varying experience and/or different interview styles. Those who are new to qualitative techniques will benefit from a more structured set of guidelines. Most interviewers and moderators prefer a semi-structured topic guide with questions that reflect the initial themes and sub-themes in the analysis priority areas. The topic guide may be a set of standardized open-ended questions, but more often it shows examples of how questions can be worded; it also acts as a reminder of the material to be covered (see Appendix G for example FGD guides). The Situation Analysis Manager and Technical Lead must confer on the degree of structure in the questions to be asked (see Appendix A, Resources, “Qualitative Methods” for materials with information on developing topic guides).

As with any qualitative interviewing method note-taking or tape-recording are essential for data coding and analy-

sis. The moderator and note-taker must work as a team, especially when transcribing the tapes and notes. Details about these activities are presented in Chapter Four of this Guide.

***Note of caution: Time and cost constraints may lead to a recommendation to use interviewers trained in survey work as FGD moderators.*** However, while survey interviewers may be highly skilled interviewers, their abilities may not transfer to the requirements of a focus group discussion moderator, who must be able to ask follow-on questions and respond to non-verbal clues and body language. People trained as survey interviewers may also tend to carry out serial interviewing during a focus group discussion, which limits group interaction. In addition, experienced FGD moderators are trained to avoid subtle actions that may lead the group to believe that there is a right response (e.g., by tone of voice).

### How do focus group discussions work?

The most important element of the FGD data collection method is the quality of the interaction among FGD participants. The moderator skillfully guides participants through a series of questions intended to trigger a free-flowing discussion that can include solutions to problems experienced by the target population and debates over suggested ideas. It is this dynamic aspect of FGDs that results in data emerging from critical and creative inputs that can guide needed actions. Resistance to an idea that may remain hidden during one-on-one interviewing may be uncovered during an FGD. Without the interactive element, FGD data would produce little more than serial interviewing that produces a “story-telling” report listing experiences, opinions, and thoughts.

## Existing Data Collection Tools for Focus Group Discussions

The FGD topic guides provided in Appendix G are designed for use with orphans and vulnerable children, community members, healthcare workers, PLWHA, and HIV/AIDS-affected people (e.g., home-based caregivers, relatives of OVC, community volunteers). Areas of inquiry include coping strategies of children and their caregivers, public attitudes toward PLWHA and their families, type and extent of services available, improvement of services, training needs, concerns about the future, community safety nets, definition of OVC, and obstacles to care and support.

It is preferable to tape-record each FGD to ensure the data are accurate and to facilitate analysis. A note-taker acts as a backup to the tape-recording and captures the non-verbal actions of participants. For example, the non-verbal reaction to a comment may contrast with the verbal response. If participants are not comfortable with tape-recording, then comprehensive note-taking is a must. Following the FGD, the tapes are transcribed to include note-takers' comments and the coding, data reduction, and analysis processes are undertaken using the transcripts. A final report is generated, either in combination with other data from other collection methods or as a stand-alone report. Details about the data collection and analysis aspects of FGDs are covered in Chapters Four and Five.

## *Direct Observation*

### **What is it and why is it used?**

During an interview or FGD, the presence of an adult often introduces a power dynamic that makes a child act deferential and accommodating. The differences between what is said and what happens in reality may be substantial. Direct observation (either obvious or unobtrusive) helps to confirm information gathered by other methods. Observation includes directly witnessing children's behaviors in their natural environments. An "obvious" observation means the child or children know someone is purposely watching them to note their behavior. An "unobtrusive" observation means that the child or children do not know they are being watched for the purpose of collecting data on their behavior. While this may eliminate

the problem of the children "reacting" to being observed, it presents ethical problems, such as lack of confidentiality and not having consent from those being observed.

Observations produce textual descriptions about the study population's daily life events. The observation data contribute to a more accurate context that makes it possible to interpret the meaning of analysis variables or indicators. For example, quantitative survey interviewing with caregivers may indicate that orphans are treated no differently than their non-orphan peers. Observations of children playing soccer or gathering water may confirm this statement or reveal a different dynamic between orphans and non-orphans. Another opportunity to observe children is in an alternative or community school setting.

### **What does direct observation require?**

Understanding the behavioral context of vulnerable children involves focused descriptions of a natural setting for children and systematic note-taking. To rapidly construct an accurate descriptive context, the observer must already be part of the culture, know the language, and have an established network of contacts or gatekeepers who can help identify contexts for observation. It is necessary to have a detailed, written record of the observations, preferably based on checklists to minimize observer bias or subjective interpretation. Observers should be trained both in observation techniques and in recording field notes. Older youths living in the data collection sites are often ideal candidates for conducting direct observations because their presence is accepted in the community and they likely have knowledge of places or opportunities for observations.

### **How does direct observation work?**

Observation involves attention to all the elements that are normally needed to tell a story. Such elements include the following:

- Who is present? How can you describe them? What roles are they playing? How did they become part of the group? Who directs the group?
- What is happening? What are people doing and saying? How are they behaving? How and what are they communicating? What body language are they using?
- When does this activity occur? How is it related to other activities or events? How long does it last? What makes it the right or wrong time for this to happen?

### **Steps in Focus Group Discussion Process**

1. Determine the purpose
2. Develop a topic guide
3. Recruit and select participants
4. Select and train moderators and note-takers
5. Plan logistics (e.g., location, tape-recording, transportation, incentives)
6. Conduct focus group discussions
7. Ensure appropriate data management
8. Analyze and interpret results
9. Report and present findings
10. Translate results into action



## Qualitative Data Collection with HIV/AIDS-Affected Children<sup>2</sup>

Qualitative assessment methods with children use various strategies that take into account the differing abilities of children of different ages to express themselves and to understand the stressful or traumatic experiences in their lives. As children develop language proficiency, cognitive capacities, and coping skills, their ability to express complex concepts and feelings changes. Qualitative approaches must take into account these changing capacities of children in eliciting their point of view and ensuring that the data collection process does not further harm children in vulnerable circumstances. Younger children, for example, do not have the verbal ability of adolescents to express feelings and to fully understand the sickness or death of loved ones. It is often said that the work of children is their play—the means by which they practice new skills, interact with and learn to better understand the world, and express their fears, concerns, and hopes. Older children and adolescents are usually better able to verbally describe their feelings and experiences; they also confront and cope with the challenges of the effects of HIV/AIDS in their lives differently from younger children.

There are various qualitative assessment and evaluation methods that can be used to assess children's psychosocial well-being:

- Thematic analysis of interviews and discussion groups with older children and adolescents
- Analysis of interactive play activities centered

around themes relevant to children's lives or series of topics for discussion

- Child drawing for individual or group analysis
- Daily life maps
- Storytelling and drama, which can help children talk about life stresses or painful events by providing some personal distance (i.e., by talking about a fictitious family rather than their own)
- Relaxed interviews with children that combine the use of structured questionnaires, administered informally, with games
- Interviews and FGDs on child well-being with their caregivers, including parents, guardians, teachers, and others

Although qualitative approaches used to collect data from children may require more time and energy, the richness of the information and relevance to understanding the emotional and social lives of children make the effort worthwhile. Qualitative data collection also allows for greater participation by children in a situation analysis, giving them a voice and honoring the fact that children's perspectives are essential to obtaining a comprehensive understanding of their situation.

<sup>2</sup> Contributed by Leslie Snider, MD, MPH. Tulane University School of Public Health and Tropical Medicine, Department of International Health and Development and REPSSI Associate Consultant.

- Where is this happening? How important is the physical surrounding? Can and does this happen elsewhere?
- Why is this happening? What precipitated this event or interaction? Are there different perspectives on what is happening? What contributes to things happening in this manner?
- How is this activity organized? How are the elements of what is happening related? What rules or norms are evident? How does this activity or group relate to other aspects of the setting?

The observer must make notes on all of these aspects during and after time spent in a setting, and then develop the notes into a coherent written record of his or her experiences in the context under study. The notes can then be used to develop or refine other data collection methods. Observer notes also can be used to elaborate on findings from other data gathering methods.

## III. Quantitative Data Collection Methods

### *Interviewing with Structured Questionnaires*

#### **What is it and why is it used?**

Surveys and questionnaires are systematic interviews of either the entire population or a representative sample of the population that can be generalized to produce quantitative information about the target population. Questionnaires contain standardized questions for which a closed or limited set of responses is possible.

Survey methodology can help assess:

- Scope and magnitude of the identified problem
- Areas of greatest need
- Proportion of study population affected
- Existing supports or safety nets

- Most critical needs
- Unmet needs

The decision to collect quantitative data through surveys involves considering the need for:

- Consistent and comparable data
- Cost-effective method to collect data from large populations
- Methods to obtain data from people who are illiterate
- Standardized data collection over time
- Ability to generalize and replicate across populations and geographic areas

### What does interviewing with structured questionnaires require?

The three most critical elements to producing quality quantitative data using surveys are:

- Skilled interviewers
- Valid, reliable, and relevant data collection tools
- Appropriate and adequate sampling methodology

This section focuses on data collection tools and sampling methodology, specifically sampling design and sample size. Chapter Two of this Guide addresses the element of skilled interviewers and data collection teams.

### Quantitative data collection tools

Questionnaires and surveys contain questions that are either open-ended or closed-ended. Open-ended questions do not have a pre-determined response, and allow respondents to reply in their own words. Closed-ended questions are accompanied by a list of possible responses from which the respondent selects. As noted earlier, information from FGDs (qualitative) can be used to help develop a list of potential responses for closed-ended questions. Generally, responses to open-ended questions result in more detailed information, while responses to closed-ended questions are often more accurate and are easier to code and analyze (see Appendix A—Resources, “Quantitative Methods,” for lists of materials on developing quantitative data collection tools).

The quickest way to design a questionnaire is to use existing questionnaires that cover topics or themes similar to those identified by the Situation Analysis Advisory Team. (Note: this does not preclude the need to make the data collection tools relevant to country context, language, and culture.) Appendix H of this Guide contains

example questionnaires that have been used to interview caregivers and vulnerable children (see text box below). Using the standardized questionnaires included in this Guide has several advantages. First, developing questionnaires is difficult, and these instruments contain formulations of questions, time references, and skip patterns that produce valid and reliable data. Second, the questions in these questionnaires are likely to match at least some of the theme areas selected by the Situation Analysis Advisory Team, and it is easier to modify the questionnaires in this Guide (i.e., add questions or alter existing questions) than it is to develop an entirely new set of questions. Third, because these questions have been used in other settings their continued use will allow results to be compared regionally to identify similarities and differences in the well-being of OVC and in caregiver attitudes and behaviors.

### The Quantitative Advantage

One weak point in some analyses of the well-being of HIV/AIDS-affected children and adolescents is the failure to identify the magnitude of problems. A description of problems can raise awareness, but if policymakers and donors are to commit resources, they need to know how widespread the problems are and how many people are affected. Quantification is necessary to put HIV/AIDS-related problems in perspective with other problems. When collecting quantitative data, the aim is to conduct periodic analyses to identify trends as well as magnitude.<sup>3</sup>

There are several basic principles to keep in mind when suggesting questions to the Technical Lead, who can then develop the necessary data collection tools:<sup>4</sup>

- Be unambiguous. Avoid questions that can be interpreted in different ways.
- Use clear language that is not condescending.
- Include only questions that will be used for analysis. There are lots of questions for which it would be nice to know the answers, but questions must relate to actions that are feasible (i.e., fit available resources).

<sup>3</sup> Williamson, J., Cox, A., and Johnston, B. 2004. *Conducting a Situation Analysis of Orphans and Vulnerable Children Affected by HIV/AIDS*. February. PHNL.

<sup>4</sup> “Focus on Young Adults,” *Monitoring and Evaluation Handbook*, Pathfinder International, 2000.

## Working Definitions

When developing the analysis protocol for data collection methods, the Advisory Team must consider and clarify the following terms based on country context (Note: explanations offered are illustrative).

**Household:** Group of people who share the same space to sleep and share common meals; and where there is caring for children below the age of 18 (or otherwise defined by the Situation Analysis Advisory Team) identified as OVC. (Note: several households can exist under one roof. A person living alone, or a group of unrelated people sharing the same space to sleep and eat, such as partners or roomers, is also counted as a household.)

**Orphan:** Child 18 years or younger who has lost his or her mother or father or both.

**Vulnerable child:** Child who is at increased risk or whose well-being is significantly jeopardized due to a terminally ill parent, high level of poverty, abandonment, displacement, institutionalization, or who is living in a household with orphaned children. Also, child living with HIV or who is less than 5 years of age born to a mother with HIV.

**Primary caregiver:** Person living in a household who spends the most amount of time caring, without being paid, for the welfare of children in the household.

**Head of household or guardian:** Individual with decision-making and/or financial management responsibilities, including child-headed households.

- Make possible response lists exhaustive and exclusive.
- Do not ask two questions at once. For example, “When did you leave school and start working for the first time?” wrongly assumes that all respondents stopped going to school before going to work for the first time.

It is essential to pre-test survey instruments, even previously used surveys, to adapt survey instruments to local settings. Pre-testing involves translating the instruments into local languages and using appropriate local terminology. To test for both linguistic accuracy as well as conceptual comprehension, all questions should be pre-tested with target informants and, ideally, back-translated into the original language. If questions in the back-translated version do not mean the same thing as in the original version, it is necessary to make adjustments to local

language translation. Translation and back-translation make it possible to verify that every interviewer is asking the same questions in every household.

It is common to pilot-test the survey procedures following the pre-test. The pilot-test is an abbreviated version of the actual survey that is conducted by situation analysis field staff to simulate actual data collection procedures, but it is carried out in an area that will not be included in the sample. At the end of the simulation, team members are debriefed on what went well and what could be improved

## How does interviewing with structured questionnaires work?

Quantitative interviewing relies on a uniform approach and consistency. A detailed protocol maps out how respondents are to be selected and exactly what set of questions each respondent will be asked. Any variations in the protocol will affect the data that are collected and, ultimately, the findings. Interviewers must ask every respondent the same questions in the same way. With a pre-tested questionnaire in hand, the team of interviewer and psychosocial support person (PSSP) should approach every house as specified by the sampling methodology.

Quantitative methodology, from interviewing to data analysis, must adhere to strict protocols with minimal, if any, subjective action. All interviewers should carefully follow the interviewer guidelines relating to consent and sequence of questions. Team leaders and field supervisors are responsible for quality control, such as ensuring that questionnaires are completed. Data coding and data entry must also not deviate from the protocol. It is this ever-present consistency that makes quantitative data valid, reliable, and generalizable. It is also why questionnaires should be combined with more flexible data collection methods that can deepen the meaning of the standardized responses.

## Sampling design

Interviewing based on structured questionnaires, as presented in this Guide, requires a great deal of care to identify the sample and specify the sampling design. Doing so means that the results of these interviews will be generally reliable and that the data can be compared over time with some confidence.

The **sample** is the part of the population selected to represent the whole population. Sampling design defines the universe and domains for the survey, the sample size requirements, the number and size of clusters or data collection sites, and other major parts of the sampling strategy.

## Existing Survey Data Collection Tools

When using existing questionnaires, it is *likely that questions will need to be added, eliminated, or modified* in response to the specific needs and circumstances. Any changes to existing questions must be made carefully to ensure that the modifications do not change the meaning of the questions, which could result in the data not matching the objective for those questions.

The following data collection tools are presented in Appendix H of this Guide:

- **Questionnaires for orphans and vulnerable children**—Aim to provide quantitative assessment of the well-being of children in two age groups: ages 6 to 12 years and ages 13 to 18 years. These tools focus on quality-of-life issues such as health, housing, relationships with caregivers, education, psychological and emotional well-being, and coping mechanisms. Also covered are HIV/AIDS-related risk behaviors, perceptions of HIV, and the situation of OVC in their geographic area.
- **Head of household/caretaker survey**—Seeks to assess the household situation from the guardian's perspective. Questions cover coping mechanisms, available resources, resource gaps, available safety nets, and perceptions of OVC situation in the family and the community. A health profile tool for each child within the household is part of the questionnaire.

Note: There are several ethical concerns when interviewing children and these should be balanced against the need for information from young children. For example, using these questionnaires in Zambia with children under the age of 10 years proved to be more stressful than informative. An important resource, *Ethical Guidelines for Gathering Information from Children and Adolescents*<sup>a</sup> presents ethical suggestions for interviewing children and youth.

The **sampling plan** describes how the **sampling design** will be implemented and provides step-by-step instructions for selecting survey respondents. The first step in devising a sampling plan is to select a sampling approach. Previous applications of the questionnaires in this Guide (see Appendix H) used **probability sampling**, specifically, **multi-stage cluster sampling**. The sampling plan for this approach involves four stages: select geo-

## Assessing Psychosocial Well-Being

Recently, there has been increased attention on collecting data on the psychological well-being of OVC in developing countries, but this is only beginning to scratch the surface of what is needed. Several organizations (e.g., CARE in Cambodia and REPSSI in southern Africa) have used existing standardized instruments to gather data that are useful for psychosocial support programs. Both the CARE and REPSSI programs have addressed the cross-cultural validity of these instruments. The following standardized scales may inform development of data collection instruments for use with OVC:

- Depression, Anxiety, and Stress Scales ([www.psy.unsw.edu.au/dass](http://www.psy.unsw.edu.au/dass))
- The Strengths and Difficulties Questionnaire, by Professor Robert Goodman ([www.sqd.com](http://www.sqd.com))
- KINDL ([www.kindl.org/fragebogenE.html](http://www.kindl.org/fragebogenE.html))
- WHO-Quality of Life Scale ([www.mental-health.com/qol/Q](http://www.mental-health.com/qol/Q); to register for WHO instruments go to <http://www.acpmh.unimelb.edu.au/whoqol/instruments.html>)
- Child behavior checklist, by Professor Achenbach ([www.hamfish.org/measures/b/instruments/12](http://www.hamfish.org/measures/b/instruments/12))

REPSSI, a psychosocial support technical resource network, will release by mid-2005 its measurement tools for assessing the psychosocial well-being of children (available at <http://www.repssi.org>).

graphic areas, select clusters, select households, and then select caregivers or children to be interviewed.

Developing the sampling design is a technical exercise requiring estimates of the existing status of HIV/AIDS-affected children, decisions about the magnitude of changes worth measuring, and the accuracy with which they should be measured. The Situation Analysis Advisory Team plays a major role in this exercise by providing perspectives on the extent of coverage for the quantitative interviewing. What geographic area is to be considered? Within this question is the decision to use or not to use the situation analysis findings to establish a national or sub-national baseline for continued monitoring and evaluation on the status of OVC. If the aim is to



establish a national or sub-national baseline, then the scope of the sampling design will be more extensive than in the examples presented in this Guide. For example, instead of selecting several key data collection sites with high HIV/AIDS prevalence, it may be necessary to consider forming a sample based on total households in the country. A key resource to help with decisions on sampling with regard to vulnerable children is *Guide to Monitoring and Evaluation of the National Response for Children Orphaned and Made Vulnerable by HIV/AIDS* (UNICEF, forthcoming).

If the sampling design is not to be carried out on a national scale, it must be decided what geographic areas will be covered. Setting geographic priorities requires taking into account a variety of indicators, such as preva-

### Quick Look at Probability and Non-Probability Sampling Methods

Sampling procedures generally fall into two broad classes: (1) formal, or probability methods, and (2) informal, or non-probability methods. In a probability sample, every person in the defined universe may be selected into the sample, with a known (non-zero) and equal probability. Probability sampling is characterized by using lists or sampling frames (e.g., housing compounds) to select the sample, and by clearly defined sample selection procedures. When a sampling frame cannot be constructed, the use of non-probability sampling methods is the only alternative.

In probability sampling, the key element in the sample selection process is randomization. This means that units and/or respondents are randomly selected from all those included in the sampling frame, thus reducing potential bias. Which randomization scheme is selected depends on the acceptable level of error in the results as well as on what is most feasible given the circumstances.

A key issue is credibility. A survey based on non-probability sampling methods may produce the same results as a probability survey, but the results will be harder to defend against skeptics who suspect that the findings reflect poor sampling rather than target population realities. Probability methods produce data that can be interpreted with much greater confidence than data from non-probability methods. Probability data in turn translate into a firmer basis for decision-making when designing programs and allocating resources.

### Sample Sizes

Generalizing data findings to a larger population is often desired, and requires representative sampling. Representative sample sizes are calculated using a formula that includes the number of children identified or estimated to be OVC in a given area and the number of interviews needed to obtain the desired percent data confidence (e.g., 95% confidence level). Quantitative approaches to sampling are more likely to use sample sizes that can represent the distribution of variables, such as experiences, perspectives, and behaviors relevant to the analysis; whereas, qualitative data collection methods use sample sizes that can collect sufficient information to represent the range of these variables.

The logic for using purposeful sampling to collect qualitative data is different from the logic for using probability sampling to collect quantitative data. A purposeful sample is a strategic approach, not a single technique or calculation. Participants are selected for their ability to provide experiences and perspectives relating to the purpose of study; but not because it is convenient or easy to access them.

Many strategies or techniques are available to determine sample sizes for both quantitative and qualitative data collection. The Technical Lead should explore with the Advisory Team the strengths and weakness of the various approaches to sampling. The final situation analysis report must describe, justify, and explain the sample selection process so that others can critique the decision-making process (see Appendix A, “Quantitative Methods” for resources that address sampling).

lence of HIV/AIDS and proportion of an area's children who are orphans (from all causes). Other indicators such as the dependency ratio and the rates of infant and child mortality, maternal mortality, poverty, and primary school attendance also reflect the vulnerability in an area. Economic factors must also be considered, such as the differences between rural and urban areas in the ability of households to continue to produce income when a parent becomes ill. Among rural areas, farming systems vary in their vulnerability to HIV/AIDS morbidity and mortality. HIV prevalence and orphan data can be combined with such statistics to form a composite indicator that can be used to compare geographic areas in their relative vulnerability to the impacts of HIV/AIDS.

### **Experience from the Field: Determining Sample Size**

To develop questionnaires for children in Zambia, the specific sample size selected in each district was determined based on the need to obtain comparable levels of variables of interest over time within the district as well as to compare these variables between districts. Therefore, sample size calculations were based on variables of interest for children. The research team decided that one variable of interest was the percent of OVC currently reported as enrolled in school. Using the 1998 Living Conditions in Zambia Survey results, it was expected that, at baseline, among the 6- to 18-year-olds, 61% were currently in school. To have confidence that a 15% increase over the life of the project was not due to chance, 175 children had to be interviewed. This yielded a sample of OVC large enough to identify a statistically significant increase of 15% with a 95% confidence interval of 0.0694 to 0.2306. To compensate for a 15% refusal rate, an additional 25 interviews were needed, resulting in a total of 200 orphans interviewed in each age group of the four districts, resulting in a total of 400 interviews per district and 1,600 interviews total. One head of household was interviewed in each household that allowed a child to be interviewed. This resulted in 400 interviews per district and 1,600 interviews total. The final sample size for all three groups was 3,200.

Logistics often dictate a limited geographic scope. As mentioned previously, the Advisory Team is responsible for establishing inclusion and exclusion criteria to guide the selection of data collection sites. The Technical Lead or field supervisor must be in almost daily contact with the field sites. The more locations selected and the greater the distance between sites, the more stress on the supervisory capacity, the higher the cost of transport, and the more complex the analysis. The Technical Lead must establish reliable communication links between the office where the administrative personnel are located and the

field sites. Two interviewers are needed for every community selected, and housing for the interviewers may be required for each field site.

### **Determining Sample Size**

Regardless of the geographic scope of the sample specified by the sampling design, determining sample size is the next critical decision to ensure data reliability. When presenting or reporting results the desire is that the recipients of the information believe the data are valid, reliable, and representative of the situation of HIV/AIDS-affected children. The Technical Lead will suggest a confidence level that is desirable. This means that within the geographic parameters of the analysis, it will be necessary to interview the statistically required number of children and heads of household for the data to fairly convey or represent the general or overall well-being of HIV/AIDS-affected children in these geographic areas.

To calculate the number of interviews needed, experience implementing the questionnaires in this Guide relied on standardized and reliable information from national census-type data sources, specifically Demographic Health and Living Conditions surveys undertaken by governments. From the information contained in these national surveys, it is probable there will be a variable relevant to the situation of OVC (e.g., number of children in school and number of children in single-parent households). Most likely the activities that will result from the situation analysis will affect the number of orphans in school. If data on the number of OVC in school in the target areas are available, the data should be used.

To track a variable or condition over time, the percentage of change desired during a given time period should be determined. An example is a 50% increase in the number of orphans attending school. The Technical Lead can then calculate the number of interviews needed to identify a statistically significant increase or change in the variable or condition selected. Sometimes, the desired change in a variable or condition is not known, so subsequent rounds of interviewing will need to be adjusted.





## Chapter Four: Management of Data Collection

This chapter addresses collecting, entering, transcribing, translating, and preserving raw data materials of a situation analysis. Data collection for a situation analysis will likely result in hundreds of text pages and thousands of completed questionnaires. A well-articulated plan for handling these data as they are collected and entered will facilitate the Technical Lead's and data clerks' efforts. A thorough plan informs budgeting and includes specifics on entering, cleaning, and analyzing the data. The data management plan also will benefit Advisory Team members' knowledge and understanding of the analysis process and thereby enhance their overall contribution.

Information in this Guide is based on experience collecting qualitative and quantitative data for orphans and vulnerable children situation analyses. The qualitative data are based on interviews and focus group discussions with organizational and government ministry staff, community leaders, healthcare workers, children, and HIV/AIDS-infected and -affected people. The quantitative data are based on questionnaires administered to children and heads of households or guardians in households with

OVC. The data collection approaches used for a particular situation analysis may differ from the approaches shown in this Guide; for example, another approach would be one with a primary focus on secondary data and the use of qualitative data collection methods.

### I. Managing Data Collection

The Situation Analysis Manager and Technical Lead will coordinate several stages and multiple dimensions of the situation analysis. To facilitate the supervision of data management, the Situation Analysis Manager and Technical Lead should prepare an overall work plan that indicates the sequential stages and timing of activities. Such a work plan should note supervisory mechanisms and responsibility and highlight the key milestones in the process. Such milestones could include modifying and translating the data collection tools, hiring and training interviewers, sampling and interviewing informants for each of the tools, conducting data entry and analysis, writing the final report, and presenting findings to the

#### Sample Data Management Timetable

Order	Activities	Period	Duration (Days)
1	Preliminary design meeting	1 Apr	1
2	Develop data collection protocol Develop sample frames and selection process Develop first draft of questionnaires, including translation and back-translation, with analysis target groups	Apr and May (virtual team)	Varies ( $< 10$ )
3	Recruit team leaders and interviewers	3 – 7 Jun	5
4	Design interviewer training	3 – 7 Jun	5
5	Coordinate travel of trainees, finalize budget issues, and coordinate training facility	3 – 7 Jun	5
6	Conduct trainings of team leaders and interviewers	10 – 21 Jun	10
7	Pre-test and finalize questionnaires	19 Jun	3
8	Data collection	24 Jun – 5 Jul	10
9	Data entry	1 – 12 Jul	10
10	Data analysis	15 – 26 Jul	10
11	Write up results	29 Jul – 9 Aug	10
12	Review write-up	12 – 16 Aug	5
13	Re-write report	19 – 23 Aug	5
14	Present final report	26 Aug	1
15	Hold workshop to disseminate report results	1 Sep	1
	Approximate minimum number of workdays		85

Advisory Team. More detailed weekly or bi-weekly work plans also might help keep the Situation Analysis Manager, the Technical Lead, and the field teams up-to-date on how the situation analysis is progressing. An example of a timeframe for questionnaire data collection and analysis is provided in the text box below.

### *Develop Data Collection Protocol*

The data collection protocol is the component of the work plan that lays out the methodology. The Technical Lead, with input from the Situation Analysis Manager, may draft a protocol soon after the first or second Advisory Team meeting. The data collection protocol describes the goals and objectives of the situation analysis as well as the details about the methodology (including a description of the target populations and field sites) and presents a sampling plan. The data collection protocol includes:

- Questionnaires, topic guides, and observers' checklists, and an explanation of how they will be used by field staff for data collection and supervision
- Auxiliary materials, such as interviewer and supervisory guidelines, used both for training and as onsite reference for field staff
- Plan for securing and storing data

### **Pilot-test data collection procedures**

The entire data collection process should be pilot-tested before interviewing begins so that any unforeseen faults or flaws in the protocol can be addressed. Aspects of the data collection that should be pilot-tested include selection of participants, feasibility of completing interviews with selected participants, timing (ability of interviewers to carry out the required number of interviews per day), role of supervisors (how the supervisors will maintain quality control), and storage and transport of completed questionnaires. Pilot-testing the data collection process is in addition to the interviewer practice sessions noted earlier.

### **Store and secure data**

It is necessary to have a plan and space for transporting, securing, and storing the data before the data collection process begins. The primary issues concerning storing and transporting data include maintaining short- and long-term confidentiality of the data, protecting data from damage, and having a safe place to store the data during the collection and analysis phases. Someone must be responsible for assigning identification (ID) codes to all individual records (e.g., audiotapes, transcripts, questionnaires, observers' notes, content forms, and demo-

### **Creating a Filing System**

Preparing for efficient data management includes setting up a secure filing system with a specific place for each component of the analysis, including:

- Original analysis plan
- Protocols for data collection
- Field notes
- Maps of data collection sites
- Topic guides
- Questionnaires
- Informed consent forms
- Codebooks
- Instructions for interviewers and local field assistants
- Interview or focus group transcripts
- Backup survey data discs
- Other analysis material

A good filing system helps ensure that important documents remain confidential, are not lost, and that all materials are readily available when needed for analysis and writing up results.

graphic information sheets). After ID codes are assigned, documents and tapes are stored in a secure location, and are accessible only to the Situation Analysis Manager, Technical Lead, and field supervisor(s).

Given the dynamic nature of computer hacking and viruses, every precaution must be taken to keep the data files and software virus-free (e.g., install the most current anti-virus software and restrict access to the analysis team's computer). Additionally, data entry clerks should make backup copies of the data files and retain the paper copies of the questionnaires until data entry and analysis are completed.

It is also necessary to consider mechanisms for protecting the integrity of electronic data after they are cleaned and finalized for analysis. Ways to protect data include using a dedicated computer for the analysis (versus a computer with multiple users), using surge protectors, installing updated anti-virus software, erasing tapes after final analysis, having backup electronic and/or hard copies of data files, and maintaining high security over all data files (e.g., authorized access only, locked files).

## Gain access to field sites

Gaining access to field sites for a situation analysis can be surprisingly challenging in terms of the measures needed to obtain permission and acceptance by key community representatives. Entering a community to talk about the care of children, especially orphans, can easily trigger suspicion and/or raise expectations of material support. Several weeks before the interviewer training, the Advisory Team, in cooperation with administrative officials of the area, should select field sites. Advisory Team members, or the Technical Lead, can then ask community leaders' permission to bring several interviewers to the sites. This initial visit to the field site also provides an opportunity to confer with community leaders to ensure that expectations are not raised in terms of receiving payment, food, or other forms of material support in exchange for participating in the situation analysis.

After receiving permission to collect data, it is necessary to make housing and transportation arrangements. Accommodations for interviewers should be in a place that community members view as neutral (e.g., church guesthouse). Such arrangements are not easy, even when the duration of the fieldwork is short. Often a community leader will offer to house the interviewers in her or his own accommodations. Although this is a generous gesture, efforts should be made to avoid such a situation because it is not appropriate for interviewers to live with anyone who might be viewed as influential in the community because such a perception can undermine the interviewers' need for a reputation of impartiality with respondents. Furthermore, this type of arrangement can lead to violations of interviewer-informant confidentiality.

Before their first visit to the field sites (or when on the way to visit the sites), the new interviewers should introduce themselves to important administrative officials and inform them of their arrangements to work with community leaders. When the interviewers arrive at the field sites, they should settle into their accommodations and make introductory visits to community leaders. After these introductions, community leaders' collaboration with the research team will be authorized and data collection can officially begin.

Experience in Nigeria revealed that the labor or work schedules of people at some field sites can affect the timing for interviewing heads of households (e.g., interviews may need to be conducted at night). Interviewers must also consider their own safety and social events (e.g., funerals and weddings) that would make interviewing inappropriate.

## Incentives

A decision must be made whether or not to give participants an incentive (e.g., cash, food, vouchers), both to encourage their participation and to thank them for their participation. There are concerns that incentives amount to bribes, so if an incentive is used, it must not be so enticing that participants feel coerced into participating in something they might otherwise not consider—sometimes referred to as economic coercion. Also, providing incentives may undermine using the situation analysis findings as an impetus for community mobilization.

***The use of incentives must take into account the usual practices within a community.*** Previous situation analyses based on the tools in this Guide did not include incentives for participants.

Some incentives that field interview teams can use to “give something back” to respondents include helping with tasks and work in exchange for the participants' time, arranging for shorter waiting times in free care services, offering extra home-based care visits or special training, or providing access to group counseling or education sessions through a community-based NGO. Community leaders may be a source of ideas for appropriate incentives.

## Ensure confidentiality and informed consent

Privacy and confidentiality of information from the community must be maintained at all times. Winning the trust of the community is essential for obtaining valid results. The situation analysis respondents must feel confident that the information they provide will be kept confidential; if they do not, they may hesitate to give accurate information. In some situations, HIV/AIDS-infected or -affected households may be suspicious of institutions and individuals they view as threatening. It is, therefore, critical that the field interview team build a relationship with community leaders and key informants so that there is a basic sense of trust between them. In some settings, this may require active involvement by the “gatekeepers” in planning and conducting the analysis.

Before conducting an interview, permission must be obtained from each respondent who participates; this permission is called “informed consent.” Interviewers often obtain such consent by reading a statement about the interview process to the respondent and asking for his or her signature to indicate their agreement to participate. The statement normally describes the nature of the data collection, the way the results will be used, the risk to the respondent, and the benefits. The statement

should not contain any unrealistic promises about the purposes or results of the analysis. The consent form should also include the name, address, and telephone number of the person managing the analysis so that a respondent can follow up with additional questions. Finally, and most important, the statement should explain how the information given by the participant will be kept confidential (or anonymous) and that the respondent can stop or discontinue the interview at anytime (see Appendix I for example consent forms).

In low-literacy populations, requiring participants to sign a formal document may hinder the progress of the data collection, in which case verbal consent is sufficient. The surveys included in this Guide used verbal consent forms. The important point is that the interview process must be explained to every respondent and that the respondent must have the opportunity to refuse to participate or to stop the interview at any time.

The interviewer is responsible for protecting participants' privacy and preserving the confidentiality of the information, which may be extremely sensitive and private. At some sites, it may be difficult to find a place for an interview where other members of the community, especially children, are not present. The community advisor(s) for the situation analysis should be able to suggest ways to achieve privacy, such as by holding a pre-interview and post-interview meeting with the community about the interview process. Steps must be taken during data collection and storage to ensure that only authorized individuals have access to the information and that respondents' identities are protected by identifying data only with code names, initials, or ID numbers.

Interviewing children requires attention to specific ethical considerations, especially with regard to confidentiality and consent or assent. Given a child's developmental understanding of a given situation, he or she is not likely to understand the terms "confidentiality" or "consent." The term "assent" is used to convey that a child is more likely to "go along" or "comply" with an adult's request versus giving permission.

If there is a local human subjects committee (or scientific review board) in the study area, it will need to review the data collection protocol and give official permission to conduct the analysis. This committee will review the procedures used to obtain informed consent, preserve privacy, and protect confidentiality. Analyses involving human subjects and using U.S. government funds may require approval by an Institutional Review Board (IRB) or Human Subjects Committee.

### Experience from the Field: Limiting Confidentiality<sup>1</sup>

CARE Cambodia included a proviso in the consent form that stated information would be kept confidential unless it is believed a child is at serious or immediate risk of harm (self-harm/ suicide, sexual or physical abuse, or trafficking). In such cases, the data collection team would pass the information on to the home-care team for follow up. This proved important when several children revealed that they were being sexually abused. Home-care teams visited the informants to discuss the situation and in one case removed the child so that she could live with a relative.

U.S. departments and agencies that conduct or support human subjects research must follow the regulations for the protection of human subjects. These regulations are known as the "Common Rule," and describe the requirements for IRB review and approval and informed consent documentation.

Mechanisms for providing feedback to individuals, families, and communities about any significant problems identified by the analysis assessment should be considered. The Situation Analysis Advisory Team, especially the Technical Lead, is encouraged to determine the possible ethical aspects, human rights issues, and consent issues before conducting the analysis.

## II. Data Collection and Supervision for In-Depth Interviews and Focus Group Discussions

### Fieldwork

Field notes and transcripts are to qualitative methodology what a set of questionnaires is to survey methodology. The interview or topic guide is the data collection tool and the notes are the data source supporting the conclusions and interpretations ultimately presented by the Situation Analysis Advisory Team.

Experienced qualitative data collectors often gather meaningful data with little more than a set of topics as a guide; the analysis questions are clear in their minds and the techniques of qualitative data collection are their normal ways of working. Interviewers or moderators may also memorize the list of topics to be covered and can

<sup>1</sup> Contributed by Ken Carswell, HIV/AIDS research consultant. CARE Cambodia.



### Example from the Field: Consent Process

For an assessment of OVC in Zambia, the study interviewer read the consent statement and the psychosocial support person witnessed and signed it in writing. No names were taken to ensure complete anonymity of participants. Participants were not given any financial or material incentives to participate in the survey. Respondents were given resource lists of organizations that existed in their compounds or districts.

direct conversation spontaneously from one to another, stopping to clarify comments or perhaps return to earlier questions as needed to ensure that participants go as far as they can with each topic. The topic guide also can suggest follow-up questions for various possible responses and examples of probes to elicit more in-depth information. Stories or other scenarios, included in the topic guide, can be presented to the group to stimulate ideas.

When probing, an interviewer encourages a respondent to produce more information on a particular topic without injecting his or her own ideas into the discussion. The most common type of probing is to repeat back to the respondent what she or he has said and ask for more information or clarification. Another way to probe is to use a culturally appropriate non-verbal signal after being given some information, encouraging the respondent to continue expanding his or her idea. In some cultures, nodding or saying “uh-huh” are suitable non-verbal signals.

### Note-taking and tape-recording data

How data are documented is directly linked to their trustworthiness; thus, great care must be taken when creating and managing data files. An interaction can be recorded via handwritten notes during or soon after it happens, but audiotape recordings provide a more complete account. Tape-recorded interviews (or their transcriptions) make it possible for them to be reviewed by others, who can then decide whether they would have drawn the same conclusions. The comfort level of participants must be considered when recording data, either by hand or by tape-recording. To be ethical and to promote participant involvement, the interviewer or moderator should obtain agreement from the participants regarding the use of a tape-recorder.

While tape-recorders are useful they should not be the only data record for interviews and FGDs. The set of notes that are generated by interviewers and assistant moderators are also valuable data, and complement the records of interviews or FGDs that are transcribed from audiotapes. The interviewer must take note of key phrases, major points made by the respondent, and key words (indicated by quotation marks) that capture the speaker's own language. If, for some reason, a tape-recorder cannot be used or if it malfunctions, detailed notes become even more critical, especially notes of actual quotes. Capturing what people say in their own words, along with related non-verbal responses (especially when those responses contrast with the verbal responses), are an important

### Involving Young People in Data Collection

When Save the Children/United Kingdom staff conducted research on street children in Bangladesh, they trained young people to conduct the interviews. The findings aimed to generate national debate among policymakers and stakeholders regarding the vulnerability experienced by these children. Lessons learned by engaging young data collectors included:

- Young people brought fresh categories and perceptions to the research.
- Data gathered were high quality and the findings compared well with those of similar research carried out by adults.
- Young respondents enjoyed being interviewed by their peers.
- Young researchers were clearly able to raise issues and ask questions in a way adults could not.
- It was difficult to determine the right incentives for the young people to take part.
- Discussion of sensitive issues (e.g., abuse experienced) was challenging.
- Adult harassment of the children occurred while carrying out the research.

Techniques such as Participatory Learning for collecting information from children are presented in the Save the Children document, *Children and Participation: Research, Monitoring and Evaluation with Children and Young People*, available at [www.savethechildren.org](http://www.savethechildren.org)



## Stages of Focus Group Discussions and Qualitative In-Depth Interviews

Conversational style is a shared characteristic of both in-depth interviews and focus group discussions (FGDs). The main difference between the two is that FGD participants converse with each other with prompts from the moderator, while the in-depth interviewer has a one-on-one conversation with one participant. The natural flow in both of these situations distinguishes these qualitative methods from quantitative interviewing, which is more rigid. The stages of conversation include:

1. *Creating natural involvement.* Beginning with an informal chat is a good way to set the stage for the relaxed atmosphere needed for open discussion. If the interview is to be tape-recorded, explain that it will be helpful to the team and that all records will be kept secure and confidential.
2. *Encouraging conversational competence.* During the first few minutes of an interview or group encounter, the moderator or interviewer sets the tone for the interaction that follows. Interviewers and moderators should start with easy, non-threatening questions that allow participants to feel sure about what they know and pleased to have an appreciative ear.
3. *Showing understanding.* Interviewers and moderators encourage openness and depth by showing they understand and empathize with what the participant is conveying.
4. *Getting the facts and basic description.* After the interaction begins to flow, interaction can move to descriptive material, holding delicate or emotionally charged questions for later.
5. *Asking difficult questions.* After an atmosphere of trust and comfort is established, the interaction can move to more difficult questions that require openness to discuss (e.g., culturally taboo topics such as death).
6. *Toning down the emotional level.* If a participant begins to feel uncomfortably exposed, the interviewer or moderator must restore the sense of privacy. This may be achieved by reminding a respondent that the information is confidential and/or by turning the interview around and asking if the respondent has any questions or any answers to other questions.
7. *Closing while maintaining contact.* After expressing appreciation to the participant, informal conversation may continue.
8. *Debriefing.* Depending on the topic, some participants may ask the moderator issue-related questions during the group discussion. For example, someone may ask how many orphans and vulnerable children live in the area? Answering such questions is not the moderator's role; the moderator should not be the one to educate or provide technical information. A plan should be in place to have a knowledgeable person address a group's questions after the discussion is closed. This knowledgeable person should not be a member of the analysis team because that could raise suspicion and mistrust between participants and the team. This could happen if a team member provided information to correct misinformation that came out during the discussion (e.g., causes of HIV/AIDS).

contribution of qualitative research to understanding human values, attitudes, and behavior.

### Timelines

Most interviews or FGDs should take 60 to 90 minutes; in-depth interviews can range from 20 to 120 minutes depending on the type of interview (e.g., with government official or to obtain an organizational inventory). The interviewer or moderator must be alert to participant fatigue, including distractions or loss of interest, and conclude the discussion while it is still a positive experience. A thorough pre-test will help gauge how long to remain on any one topic and how to move ahead without rushing participants. But, however careful the planning, there will always be variations in how individuals and groups respond.

A common timeframe for a focus group study calls for one group discussion each morning. The afternoon is then devoted to transcription and translation, a process that typically takes 3 to 4 hours for each hour of taped discussion time. Translation adds considerably more time. When typing from handwritten transcription, an additional 1 to 2 hours is necessary. If it is necessary to hold FGDs in the afternoon or evening, the following morning can be used to transcribe, translate, and review the data. In general, two to three FGDs per day is the norm.

Other issues to consider when estimating time in the field are the supervisory needs of data collectors. The less experienced the interviewers and transcribers in qualitative techniques, the more time they will need with a supervisor.

An interviewer fatigue factor must also be included in the time estimates. Qualitative data collection is intense and tiring; too tight a schedule may exhaust interviewers or moderators, and have a negative impact on team morale and the quality of the data.

### III. Creating Qualitative Data Files

Audiotapes should be transcribed as soon as possible after an interview or discussion. When tapes accumulate on a shelf to be reviewed only after all the fieldwork is done, it is certain that subtle, non-verbal points will be missed, as well as the opportunity to clarify ambiguities, investigate new leads, and follow up emerging hypotheses. Transcription services are available to take the drudgery out of this often lengthy and tedious process, but only the interviewer or moderator can add non-verbal data, such as a tone of voice or a facial expression, that could affect how text is interpreted.

Interviewer or moderator input is especially important during the transcription process. Experience indicates that it is best for the moderator/interviewer and the note-taker to transcribe each tape together, putting the spoken messages together with speaker identifications and non-verbal clues the note-taker recorded. The note-taker's skill as an observer and recorder of the group process is critical to the quality of the transcription.

Good transcription is time-consuming, and inexperienced researchers are often tempted to shorten the effort by summarizing, rather than transcribing, the data (i.e., the actual spoken words). Insightful and powerful analysis requires the time to create verbatim transcriptions. How people say things is often as important as what they say.

Ideally, transcription and translation are performed at the same time, with input from the interviewer or moderator. If this degree of coordination is not feasible, the translator should still work closely with the transcriber, trying to stay as true as possible to the original meaning of words or vernacular expressions. It helps to develop a vocabulary list to ensure agreement on the terms to be left in the local idiom and to ensure that all staff fully understand the meaning of each term. Including specific expressive terms from the original language enriches the transcript and may indicate new themes or ways of constructing familiar concepts.

Using a computer to store and manage text from FGDs and interviews makes it easier to revise and update the coding system as the data text files are reviewed.

## IV. Data Collection and Supervision for Questionnaires

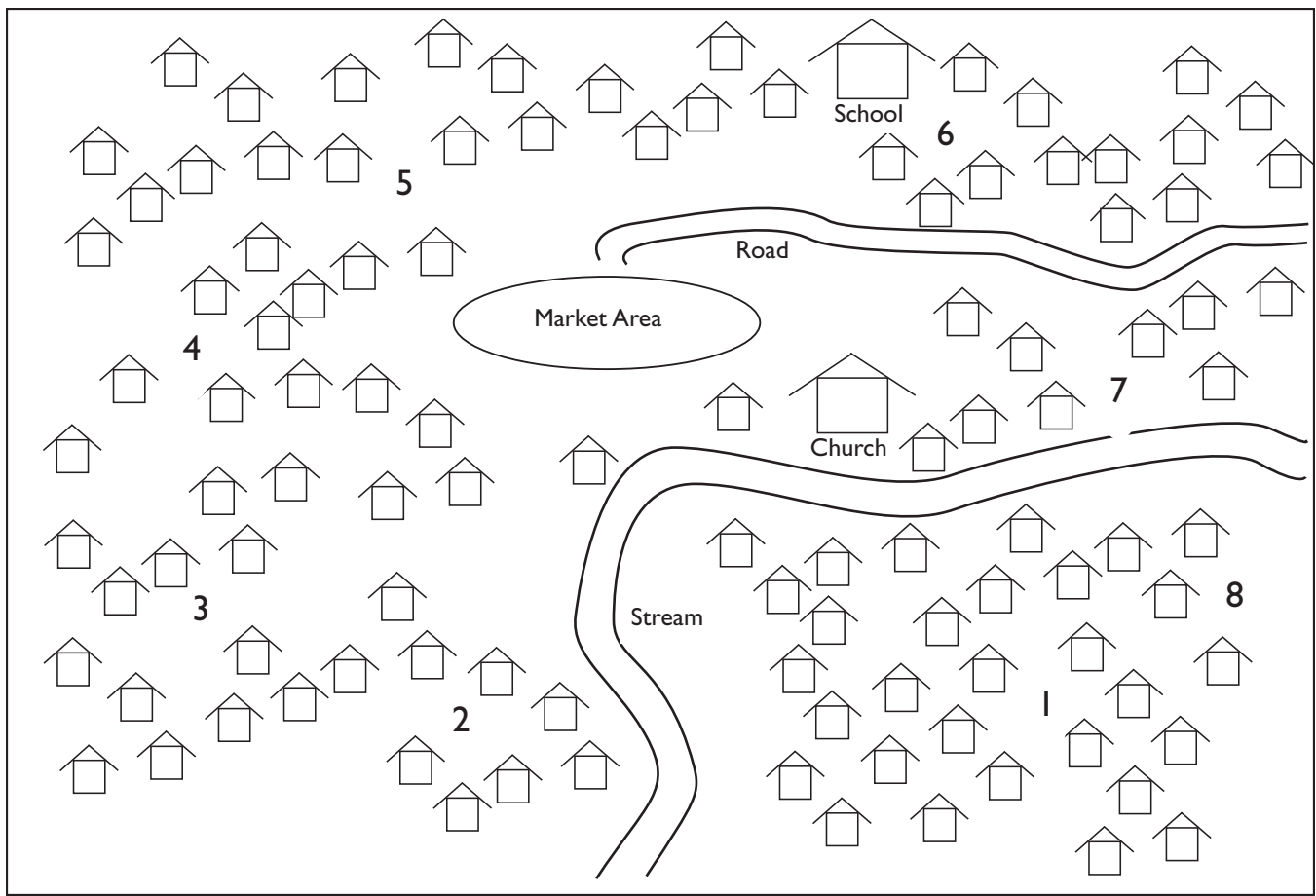
### *Mapping Data Collection Sites*

As mentioned in Chapter Three, the data collection protocol for the questionnaires provided in this Guide involved multi-stage cluster sampling. Therefore, a mapping technique was used to systematically and randomly select households to be interviewed. This process provides field staff with an overview of site conditions and household arrangements. When mapping, the original sampling plan is usually revised several times, as the Technical Lead or field supervisors begin to understand the patterns of the population and the effects of these patterns on implementing the sampling design. The resulting map need not have precise dimensions and distances, but rather be a rough drawing that includes such things as main streets, main landscape features, or other identifiable features. The maps define the sampling frame. It is important to allow sufficient time, human resources, and budget to develop the sampling frame, a process that may take up to two months depending on the extent of geographic coverage.

### *Household Selection*

The sampling approach required to administer the questionnaires in this Guide uses the child as a unit of measure. The interviewers will be striving to reach a set number of children or a set number of caregivers or guardians with OVC ages 6 to 18. Ensuring coverage and random household selection in a target area is essential to the integrity of data collection.

Mapping target areas and estimating (if not known) the number of households allows one to develop a systematic method for randomly identifying households to be interviewed. A central location within the community or cluster area can be used to begin selecting households. It can be as simple as spinning a bottle on the ground, walking in the direction it points when it stops spinning, and randomly selecting a number to be the first household, such as the fourth household from the central point. This number can then be used to select subsequent households, counting from the last house visited and moving in the same direction. The FHI interviewer training manual cited in the Resources Section of this Guide (see Appendix A—Resources, “Training Manuals/Materials”) contains information on selecting households and participants.



### Transcribing Data

FGD data consist of audiotapes plus an assistant moderator's handwritten notes to back up the tapes. Transcribing the data involves the following steps:

1. Label the tapes with date, location, group code, and sequence (if more than one tape is used).
2. Prepare a seating diagram, including first names of participants, for the typist.
3. Use high-quality play-back equipment (budget permitting).
4. Minimize distractions for the typist.
5. Use a computer (software: Word or WordPerfect).
6. Identify moderator statements in bold type.
7. Type comments word for word.
8. Allow enough time for typing.
9. Make electronic and/or paper backup copies of transcripts.

### NGOs and Service Providers as Partners in Mapping

NGOs that provide services to the population of interest are often crucial partners in a successful mapping exercise. In some instances, NGOs that have been working for many years with a target population may already have maps for the catchment area. Cautionary note: When working with NGO staff as contact persons, it is possible that an association between the analysis team and NGO staff can bias the data. This is especially true if NGO staff lead surveillance officers to the people or sites that are beneficiaries of the NGO's intervention programs. If the services provided include psychosocial support services, then these respondents may have better coping skills than other potential respondents (i.e., those who have not been in contact with the NGO program) in the target population. In addition, beneficiaries of NGO programs may perceive that the investigators are working in cooperation with the NGO and, therefore, be more likely to give "expected" responses rather than tell the truth.

Special note on selecting households to be interviewed: Experience surveying households in Nigeria revealed that several families or households might occupy one housing structure. Therefore, the method of selecting every third or every “nth” household must take such a situation into consideration.

## Fieldwork

The data collection procedure for the questionnaires contained in Appendix H of this Guide requires trained interviewers. Those who will be interviewing children need specialized training in developmentally appropriate interviewing techniques. Also, administering question-

### Experience from the Field: Selecting Households and Respondents

Each selected community for the Zambia OVC assessment was divided into sections and each section was covered in turn. A systematic random sampling approach was used. The interview team entered the assigned section of the compound/neighborhood and approached the first house they came to and asked for an interview. Permission was sought from the parent or caregiver to talk with the child, who was either an orphan or vulnerable child age 6 to 18 years. Both the caregiver and the child were given the right to accept or refuse the interviews. The purpose of the interview was explained to the child, who was then asked if he or she was willing to participate. When both the parent/guardian and the child gave consent, the child was interviewed with the parent/guardian present.

To select the next household to be interviewed, the interviewers counted three households (i.e., leaving a sampling gap of three households) to the right and requested the next interview at the fourth household. If the family refused to allow an interview, if the family did not qualify, or if the house/building was vacant or sacked, the interviewers went to the next immediate household and continued in that fashion until a successful call was made. The interviewers then continued to select households for interviews using the same three-household gap sampling method. If there were no more houses on the right, the interviewers went to the opposite side of the road and followed the same procedure. At the end of each day the interviewers used a highlighter to indicate on the map the streets/zones they had completed, to ensure that they did not return to those streets/zones during subsequent visits.

### Steps in Questionnaire Fieldwork

1. Form interview teams.
2. Identify team leaders for each data collection site.
3. Review site maps.
4. Assign sections of the data collection sites to interview teams.
5. Ensure teams follow the protocol for systematic random selection of households.
6. Interviewer requests interview.
7. If OVC reside in the household and both the head of household and the child (if conducting the orphans and vulnerable children questionnaire) agree to participate, continue with interview.
8. Read consent statement and obtain verbal consent first from head of household and then agreement or assent from the child if administering the orphans and vulnerable children questionnaire.
9. If there are no OVC in a household or if either the child or the head of household does not want to participate, note the refusal on a tally sheet and continue to the next eligible household using the random sampling approach.
10. On completion of interview, interviewer reviews questionnaire(s) for completeness; if anything requires attention, interviewer must make corrections before leaving the household.
11. After every third completed interview, the team leader must review the questionnaires using an editing check protocol.

naires to children ages 6 to 18 years requires the presence of a trained psychosocial support person (PSSP) to ensure that the child experiences no harm and to provide immediate emotional support to a child expressing distress. In addition to the training information covered in Chapter Two of this Guide, access information on training materials for interviewers and the PSSP is listed in the Resources Section (see Appendix A, “Training Manuals/Materials”). A critical component of interviewer training is the fieldwork protocol for each questionnaire. This protocol must be relevant to the conditions of the data collection sites and finalized questionnaires. The Technical Lead may consult with the Situation Analysis Manager on interviewer protocol and training. As noted in Chapter Two of this Guide, a local review board may need to approve the data collection tools and overall protocol.

Effectively collecting data depends not only on the interviewers' skills and familiarity with the questionnaire, but also on voluntary participation, confidentiality, and support from community leadership. Before conducting interviews, the Technical Lead and/or field team leaders must talk with local community leaders (e.g., section leaders and counselors) to ensure that they are aware of the project and that they agree to the data collection activity. Consent from potential respondents is also needed. Before asking questions, the interviewer must explain the purpose of the interview and ensure confidentiality. The interview can begin only after the respondent or the guardian voluntarily agrees to participate and the child or minor assents.

The interviewer should conduct the survey in settings where questions and answers cannot be overheard by others and should engage in a rapport-building conversation before asking survey questions to reduce the likelihood that respondents will give socially desirable answers rather than tell the truth. If a third person enters the room or moves within hearing distance, the interviewer should explain to that person that the respondent must be interviewed alone. It is often useful to conduct an interview outside, which minimizes curiosity and lets people see from a safe distance what is happening.

A comment box is included on the questionnaires for comments by the PSSP. At the end of each interview with a child, the PSSP writes a brief summary of his or her experience during the interview. The comments by the PSSP should:

### **Possible Responses to Child's Distress During the Interview**

- Accept and acknowledge what the child is feeling or expressing.
- Allow him or her to cry; it is not helpful to say, "Don't cry."
- Try to comfort the child, verbally and non-verbally, by providing a gentle touch or by holding his or her hand (as culturally appropriate).
- If the child regains composure and balance, ask him or her if the interviewer can continue to ask questions.
- If the child says "No," respect his or her wishes.

### **Tips for Interviewing Children**

Successful listening and talking with children involves:

- Understanding the ways in which children react to loss, distressful events, violence, and family disruption.
- Accepting what the child is expressing.
- Identifying with—but not being overwhelmed by—the child's expression of his or her feelings. Differentiate between the child's feelings and your own; but let your feelings show to some extent.
- Displaying patience, as children who are shy or distressed may need time to find the needed words and to formulate ideas. Give them time to do this without conveying through words or your "body language" that you are impatient.
- Reading the expressions on the child's face and body language that often reflect what a child is thinking. Is the child about to cry? Feeling embarrassed? Guilty or ashamed (difficult to establish eye-contact, hanging head, over-active, sighing)? Anxious (twining fingers, trembling, sweating, can't relax)?
- Tolerating pauses, tears, and anger. These are valuable and necessary parts of the conversation.

- Highlight any specific questions in the questionnaire that caused the respondent to break down or show signs of distress.
- Explain if the PSSP provided any information or referrals to the respondent on HIV/AIDS-related issues.
- Describe the PSSP's observations during the interview period.

## **V. Data Entry and Quality Control for Questionnaires**

After the questionnaire data have been gathered, they are entered into a computer data file and checked for errors and inconsistencies. This is a time-consuming, but absolutely necessary, task. Failure to exercise care at this stage of the situation analysis can cause difficulties at the analysis stage.



### Experience from the Field: Questionnaire Data Collection

Each of the four districts in Zambia had 13 research assistants and a supervisor to administer orphans and vulnerable children questionnaires (see Appendix H). All team members were from the district (but not necessarily the same compounds) where the study took place. The research assistant team included 6 interviewers, 6 PSSPs, and a team leader to coordinate the work. All interviews were conducted by a pair of interviewers; no interview was allowed to take place without an interviewer and a PSSP. A supervisor managed each district's work. The questionnaires were verified from the beginning to end for the following:

- Ascertaining that the interviewer and PSSP had signed as witnesses to the verbal consent or assent.
- Ascertaining that all skip and filter instructions were followed.
- Ensuring consistency and correctness of data entry.

The supervisor provided overall guidance to the team leader and the other research assistants and ensured that the interviewers adhered to the procedures presented in the PSSP protocol as well as those in the PSSP questionnaire manual.

It is likely that several data entry clerks or managers and a data entry supervisor will be needed, as noted in Chapter Two. Data will be entered according to the instructions of the statistical analysis computer package (e.g., Epi-Info, SPSS, SAS, and STATA). The Technical Lead and the Situation Analysis Manager should discuss and decide which computer package best meets the analysis objectives and budget.

Data entry should be checked by verifying the accuracy of a sample of completed survey questionnaires. If resources permit, the data should be entered twice and the two entered data sets compared to detect data entry errors. After data entry errors have been reconciled, the data should be checked for values that are “out of range” (i.e., values that are implausible or impossible) and/or are inconsistent with other information gathered in the questionnaire interview (e.g., males reporting having become pregnant, information on condom use having been gath-

ered for respondents reporting not having been sexually active). The data should also be checked for “missing” items; that is, items that should have been completed during the interview but were not, either because of respondent inability/refusal or interviewer error. Decisions must then be made as to whether to return to the respondent for clarification or to simply disregard missing data items during analysis. Good supervision throughout the interviewing helps avoid the problem of missing data.

### Questionnaire Checks

The quality of the fieldwork or data collection is one of the most important aspects of OVC analyses. It is, therefore, essential that the team leader ensure that all fieldwork controls are adhered to and that all fieldwork is thoroughly checked and edited. Field editing is especially important at the beginning of fieldwork, when interviewers are less familiar with the questionnaire. Field supervisors or the Technical Lead should spot-check questionnaires for completeness and accuracy.

The interviewer and team leader will edit the completed questionnaires. After an interviewer completes each questionnaire, he or she must go through it to ensure that it has been properly completed. If there is something on the questionnaire that requires attention, it must be corrected before the interviewer leaves the interview site. After every third completed questionnaire, the interviewer must take them to the team leader for quick editing before continuing with the data collection exercise. To facilitate the data collection process, the team leader should edit the questionnaires on the spot to avoid the need to re-contact respondents the next day.

All questionnaires should be reviewed from beginning to end for the following:

- Verify that an interview result code has been recorded in the interviewer visit box on the cover page of the questionnaire.
- Verify that the interviewer has signed the witnessed verbal consent.
- Verify that all skip and filter instructions have been respected.
- Verify that the responses are legible (especially that the crosses/checkmarks are clearly written).
- Verify that only one response code is circled for each question, unless instructions allow for more than one response (e.g., verify that codes “2” [No] have been circled for all responses not coded “1” [Yes]).

- Verify that all non-responses include interviewer notation or that the respondent is immediately re-contacted.
- Verify that any corrections made by the interviewer are legible.

After being edited, the questionnaires should be transported to a central location where data entry can begin. The following activities are useful for increasing quality control during data entry:

- Data entry supervisor assists with interpreting responses, coding and checking, and running frequencies at the end of each data entry session.
- Continual collaboration with the statistician on all issues relating to entry, methods, codes, and tabulation.
- Frequent collaboration by the statistician and the principal investigator to ensure all activities are being carried out as specified in the protocol.
- If resources permit, enter all data twice, as double entry will verify the quality of the data entry process. If resources are not sufficient to enter all the data twice, double-enter data from a random sample of questionnaires to verify the quality of data entry.

## VI. Frequency of Data Collection

A situation analysis, as presented in this Guide, is part of a country's national or sub-national response to OVC and will inform development and implementation of strategies or enhancement of existing strategies as part of a national action plan. A situation analysis may also become part of a country's monitoring and evaluation strategy for OVC, especially if used as a baseline measure. Because a situation analysis is not aligned with specific programming, it serves as a neutral measure of the well-being of orphans and vulnerable children. Periodic checks on the situation of children inform the overall progress being made collectively in a country.

The cost and complexity of household surveys must be considered when determining how often to check for trends. Survey-based analyses are resource-intensive, especially human resources. If the results of the data collection, combined with information from other sources, improve programs that successfully mitigate the impact of HIV on children, such costs are justified. There also are the economic benefits of targeting activities effectively. A national action plan that is well-targeted addresses the most critical needs more efficiently and effectively than a plan that is not well-targeted. However, such tar-

### Experience from the Field: Data Entry

In Zambia the data entry team included six data entry clerks or managers and one supervisor. The data entry clerks were selected carefully to ensure they had the capability to undertake the exercise. Before the data entry exercise began, data entry clerks participated in a three-day orientation exercise. While not the norm, data entry clerks worked 11 hours per day, 6 days per week. Approximately 20 to 30 questionnaires were entered per day. Two days were set aside for thorough data cleaning before merging. Three of the people involved in data entry were also involved in the data collection exercise and they provided reference points or field insights. Each data entry clerk's work was backed up on diskettes at the end of each day. The Statistical Package for Social Sciences (SPSS) software was used.

geting requires a systematic and reliable way to track trends in the well-being of OVC.

An equally important factor to consider is the quantity and quality of OVC activities being implemented. Unless actions are based on the priority needs stated by intended beneficiaries, only minimal changes in OVC well-being can be expected, and regular surveillance would not be justified. If, on the other hand, a strong national effort to help OVC is put in place, then it is worth the time and resources to conduct regular surveys to monitor changes. The frequency depends partly on the strength of the activities, partly on the population being monitored, and partly on the capacity and willingness of a country to use the data effectively.

In general, it is recommended that household-based surveys be conducted every 4 or 5 years. However, dramatic changes (e.g., population migration brought on by conflict or flux in the economy due to drought) should be considered when making decisions about the time interval between analyses. Training a core group of people in the standard methods used in a situation analysis of OVC will make it possible to collect data regularly in a way that ensures data that reliably describe changes in children's well-being over time.

## Chapter Five: Data Analysis

This chapter offers guidance on analyzing data for an orphans and vulnerable children (OVC) situation analysis. It is not a rigid prescription for how to conduct the analysis phase; rather it explains principles and details of a systematic approach to data analysis. There are, for example, certain aspects of data analysis that must be considered carefully when designing a situation analysis. Specifically, one should determine:

1. What are the key questions the OVC situation analysis will answer?
2. What level of detail will be needed to respond to the situation analysis questions?
3. Who will conduct the analysis?
4. How will the quantitative and qualitative data complement each other?

As noted in Chapters One and Two, the Situation Analysis Advisory Team plays a critical role in addressing the first question. The Technical Lead advises on what data and related analysis plan are needed to answer the situation analysis questions. This may lead to reformulating some questions so that they can be answered given the available resources and the specific data collection context. If properly executed, the situation analysis will provide the evidence needed to persuade stakeholders to support recommended actions for OVC or, at a minimum, to understand the rationale for proposed actions. The data analysis is key to supplying the evidence.

After reading this chapter, the OVC Situation Analysis Advisory Team should understand the analysis plan, ask questions of the analysis plan, and be prepared to represent and justify the findings of the analysis.

Although the Technical Lead and the analysis team will execute the analysis, all members of the Advisory Team should have a basic understanding of how the data will be handled to address the situation analysis questions. Specific types of analysis are needed to provide adequate and accurate information. The results will not include every question on the survey or the interview guides and some questions may not be answered even if the data are available. For example, the size of the sample (number of people interviewed) will affect what can be asked of the data. The sample may be too small to produce a particular result with the degree of confidence needed to be representative of the analysis population (e.g., caregivers or OVC).

If the situation analysis involves both qualitative and quantitative methods, it is necessary to have a clear plan of analysis for each method and a strategy for interpreting the results in an integrated discussion. This chapter covers both quantitative and qualitative methods.

### I. Quantitative Data Analysis for Questionnaires

#### *Calculating Descriptive Statistics*

The first step in questionnaire data analysis is to calculate frequencies or frequency distributions of variables. An example of **frequency** is the number of orphans interviewed who are not attending school. An example of **frequency distribution** is the highest grade level completed by orphans not attending school. A **variable** is simply an aspect of a person, population, or behavior that can be measured or recorded (e.g., age or food intake). There are two basic types of variables: **continuous** (e.g., age) and **categorical** (e.g., level of education). Continuous variables can always be grouped into categorical variables in the analysis, but not vice versa.

#### **Categorical variables**

Categorical variables include two types: **nominal** and **ordinal**.

Nominal variables related to orphans and other vulnerable children status include: 1 = Maternal Orphan, 2 = Paternal Orphan, 3 = Double Orphan. (The order is arbitrary.) Other examples of nominal variables include sex, ethnicity, and race.

Ordinal variables include items such as level of education: 0 = No Education, 1 = Primary, 3 = Secondary. In this example there is a logical order to the categories. Another example of an ordinal variable is: 1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree.

If the variables are categorical, frequencies or percentages are used to summarize the distribution of the data.

#### **Continuous variables**

There are two types of continuous variables: **interval** and **ratio**.

**Interval variable** values do not have a meaningful “zero” equivalent (e.g., temperature and IQ scores).

### Example of Data Using Categorical Variables

A survey of seven orphans in a community asks them their status (i.e., maternal, paternal, or double). A possible set of responses includes: Maternal = 1, Paternal = 4, Double = 2.

Calculation:

Orphans due to Maternal Death	= 14.3%
Orphans due to Paternal Death	= 57.1%
Orphan due to Death of Both Parents	= 28.6%
Total	=100.0%

Discussion: Almost 60 percent (57.1%) of orphans in the community are orphans due to paternal death and more than one out of every four (28.6%) orphans have lost both parents.

**Ratio variable** values have a meaningful “zero” equivalent (e.g., weight and height).

It can be stated that one child weighs twice as much as another child; however, it cannot be stated that one child is twice as smart as another. In most cases, a situation analysis involves ratio types of data.

If the variables are continuous, any of the following five calculations can be used to summarize the distribution of the data:

- Mean—Average of all numbers
- Median—Half of the data are above this point and half are below
- Mode—Most frequently occurring number
- Minimum—Lowest value or number
- Maximum—Highest value or number
- Range—Maximum minus minimum

Note: If the distribution is skewed (e.g., household income), then the median is the most appropriate measure.

The categories of the variables used in the questionnaires in this Guide (see Appendix H) are listed below. Frequency and frequency distribution can be calculated for each of the variable categories (Note: this list is not exhaustive).

Head of Household Questionnaire:

- Socioeconomic characteristics of households
- Home relationships
- Children’s education
- Psychosocial issues and emotional well-being
- Household access to support services
- Perceptions and experiences with HIV/AIDS
- Head of household communication with OVC
- Basic needs of OVC

Orphans and Vulnerable Children Questionnaires:

- Demographic information
- Education
- Food and fluid intake
- Household relationships—OVC with guardian, OVC with siblings, OVC with non-siblings
- Background information on father—illness and death
- Visits with father

### Example of Data Using Continuous Variables

A survey of seven orphans or vulnerable children in a community asks their ages (completed years). The seven responses are: 0 2 4 3 1 5 5

Calculation:

- Number of orphans surveyed = 7
- Mean = 2.9 years
- Median = 3 years
- Mode = 5 years
- Minimum = 0 years
- Maximum = 5 years
- Range = 5 years

Discussion: The average age of orphaned children in the community is 2.9 years (mean). The youngest is less than 1 year old (minimum). The oldest is 5 years old (maximum). Two orphans are 5 years old (mode). The median is 3 years, as 50% of the orphans are less than 3 years old and 50% are more than 3 years old.

## Computer Software for Quantitative Analysis

For most practical quantitative analysis applications, it is best to use a computer software package (e.g., SAS, SPSS, Minitab, or EpiInfo), for the following reasons:

- A computer software package can perform much more than a calculator in terms of arithmetic and statistical calculations and types of data displays.
- It is possible to insert results of the work directly into a word-processing document.
- It is easier to save and transmit the data and analysis to someone else, via diskette, CD, or email.
- Computer displays can show more information on their screens at a given time than a calculator, making data review and display easier.
- Graphs can be generated for report writing and better data displays.
- Analysis can be continued based on program planning and monitoring needs even after an initial report has been generated.

Statistical software packages are available for a variety of operating systems (e.g., DOS, Macintosh, Windows, UNIX, and VMS), and all can perform the same basic operations.

- Visits with mother
- How life has changed since mother's death or illness
- Special family items/mementos
- Communication within household
- Emotional well-being checklist
- Orphans' perceptions of their situations
- Risk-taking behaviors
- Mobility

After generating frequencies for key variables, it may be desirable to compare or view the relationships between or among variables. This is referred to as bivariate and multivariate (two or more variables) frequency distribution. To do this, one must construct a cross-tabulation with selected variables by creating tables with labeled rows and columns. The following is an example of such a table.

### Analysis with Descriptive Data

To analyze data presented as descriptive statistics, one must look for patterns in the data that apply to most or all of the categories (e.g., age, gender, orphans, or non-orphans) of a characteristic being considered (e.g., education, food intake, or emotional well-being). It is not necessary to observe every item of information (e.g., it is not necessary to state the percentage of girls and boys falling into each category of the emotional well-being index; an overall summary of gender differences is sufficient).<sup>1</sup> Looking for dominant trends by specific characteristics (e.g., length of time living with a guardian and years of schooling completed) might show, for example,

<sup>1</sup> Adamchak, S., et al. 2000. *A Guide to Monitoring and Evaluating Adolescent Reproductive Health Programs*. Focus on Young Adults, Pathfinder International.

- How life has changed since father's death or illness
- Background information on mother—illness and death

Last grade level completed among all school-age (7–18 years) OVC who had attended school at some point in the past but are not currently attending

	Last Grade Level Completed									
	1 – 3		4 – 6		7 – 9		10 – 12		Total	
	N	%	N	%	N	%	N	%	N	%
Male	52	48.6%	91	46.0%	86	48.0%	8	47.1%	237	47.3%
Female	55	51.4%	107	54.0%	93	52.0%	9	52.9%	264	52.7%
Total	107		198		179		17		501	
Percent of Total		21.4%		39.5%		35.7%		3.4%		100%



that school year completed decreases as length of time with a non-parent increases. It is often useful to conduct a cross-tabulation with the following variables:

- Child's relationship to head of household (non-parent, father, or mother) in relation to emotional well-being issues
- Child's age and gender in relation to emotional issues (e.g., having bad dreams, feeling sad most of the time)
- Child's home in relation to average distance to nearest available school
- Child's home in relation to average time to reach school

### Tests of statistical significance

The Advisory Team will want to know if there is a **significant** or **"real" difference** among certain variables, or if the difference could be the result of random measurement error. Determining the significance involves calculating inferential statistics or probabilities of an event occurring. For example, does living with a non-parent increase the likelihood that an orphan will drop out of school? Another area of inquiry might be whether orphans in non-family care experience more, less, or the same psychological distress as orphans in foster care. If the population sample is large enough, various statistical tests can be performed to determine if there are significant differences among and between certain variables.

Two commonly used test statistics for the data collected using the surveys in this Guide include the **chi-square** and the **t-test**. When applied within a given confidence level, the chi-square test assumes that there is no difference among variables and that if a difference is found then it is not due to chance; there is evidence of a significant finding. The t-test can determine if, for example, a 5% difference between two variables is significant given the parameters of the confidence level. T-tests are used when comparing the means of a continuous variable between groups (usually two groups), while chi-square tests are most applicable to categorical variables.

The Situation Analysis Advisory Team need not be proficient in statistical analysis. A basic understanding of why a particular test statistic is used and the strengths and limitations of that test statistic builds confidence in one's ability to defend and take action on the findings. Also, the Advisory Team can question the results by asking, for example, whether a 10% difference among two items or variables is relevant. The Advisory Team should

### Statistical Confidence

Because the data collection procedure asks questions of only a sample of the total number of possible respondents, the variable calculated from the replies of respondents may not reflect the true proportion of members of the sub-population that fall into a specific category (e.g., those who are OVC or those who care for OVC). It is, therefore, useful to calculate confidence intervals with respect to the variable. A confidence interval is the range in which one can be assured, reasonably certain, or *confident* that the proportion of people responding to a given question accurately reflects the situation. In fact, it is important to *remember that the true values of proportions are never known*. Rather, using statistical theory, confidence intervals are constructed that give a range within which it is assumed the true value lies.

Typically, the level of confidence used to calculate this range is 90%. For example, if a survey shows that 30% of orphans attended school in the past six months, and the 95% confidence interval has been calculated to be between 26% and 34%, one can state, with a 95% degree of confidence, that the true value lies between these values. This helps to understand the accuracy and precision of the estimates. As the sample size becomes larger, the confidence intervals become narrower, and one can be more confident about the precision of the estimates. Technically, a 95% confidence interval means that if the study is repeated 100 times using the same exact procedures, including true random sampling, and the 95% confidence interval is calculated 100 times, then 95 times out of 100 the true value will lie within the confidence interval.

not make hurried conclusions that are not supported by the situation analysis findings. There are many ways to misrepresent or distort the data. The boundaries between legitimately representing data and distorting it to promote or advocate an issue must be understood. Critical thinking as well as dialogue with people with varying viewpoints about the situation analysis can mitigate this risk.

Another area of concern is overemphasis on statistical significance at the expense of practical or substantive significance. A large sample size will have significance among or between some variables, but the items found

to be significant may not be relevant to actions needed to benefit OVC. For example, the data may coincidentally show that children with higher fluid intake perceive HIV/AIDS to be transmitted by evil spirits. The Technical Lead must brief the Situation Analysis Advisory Team on potential distortions using the data.

### **Bias**

Bias describes systematic differences between the results obtained by a survey and the true situation within the population. Data collectors and analysts must be aware of potential sources of bias. In many cases, careful forward planning can minimize the sources of bias. Advisory Team members should know if and how sources of bias affect the situation analysis. Major sources of potential bias include selection bias, refusal bias, measurement bias, and social desirability bias.

#### ***Selection bias***

Selection bias is probably the most important source of bias. It arises when the behaviors (or characteristics) of the individuals who participate in a survey are not representative of the characteristics of the population as a whole. The reason for so much attention to mapping and sampling techniques is precisely to try to eliminate as much selection bias as possible. But the fact remains that the sub-populations of interest to the situation analysis may be hard to enumerate and access, and it may be necessary to make compromises that allow selection bias to creep into the survey. An example (discussed earlier) is when NGO partners are lead agents in the sampling process. While they may ensure access to a community, they may also tend to include in the sampling frame a disproportionately large number of sites or individuals who are in contact with their services. When their services include OVC care and support services, it is to be expected that these individuals may be better caregivers than other members of the sub-population who do not have access to these services. Factors that will help to estimate the likely magnitude of selection bias depend on the local situation and may include nationality, province of origin, length of time associated with the site, and so on.

#### ***Refusal bias***

Refusal bias arises when those who refuse to participate have behaviors different from those who agree to participate. In the case of an OVC well-being analysis, refusal bias may lead to overestimating true levels of child well-being because people may avoid participating because they do not want to admit to negligent or inadequate

child-care behaviors. Survey reports should always state what proportion of the selected sample refused to participate, and should give sociodemographic profiles of refusers when possible. One way to gauge the importance of selection bias is to collect basic sociodemographic variables from selected participants, including those who refuse to participate in the study. These variables can then be compared to see if there are any systematic differences.

#### ***Measurement bias***

Measurement bias occurs when there is an error in the measurement of variables. This can arise when survey forms are not clear; for example, when the meaning of a question in the local language is open to different interpretations. Interviewer bias can also affect the correct measurement of behavior. Some interviewers are more judgmental than others, and people may be more or less willing to report questionable behaviors to an interviewer depending on their attitude; for example, the amount of food provided to a child or differential treatment of orphans versus non-orphans. Indeed, people's unwillingness to tell the truth about their child-care practices or to identify orphans due to AIDS may be the most important source of measurement bias. Where an interviewer must turn a verbal answer into one that fits into a coded category, he or she may affect the results by consistently preferring one category to another when answers are ambiguous. For example, when questioned about the reason for never attending school, a respondent may say "family problems," and not specify whether the family problems are due to illness, finances, or parental death. The interviewer may make assumptions about what the term "family problems" means and may check "financial problems" whenever the "family problems" response is given. Many of the difficulties associated with measurement bias can be minimized by pre-testing survey instruments, providing comprehensive training to interviewers and survey staff, and actively supervising staff.

#### ***Social desirability bias***

Discussions of sensitive issues such as HIV/AIDS, abuse, neglect, or how care is given to a child can trigger a respondent to be defensive or protective. Under such circumstances, the respondent may say what is socially acceptable or agreeable to the interviewer when questioned about these sensitive issues. Especially when asked questions such as "What meals were provided yesterday? Morning meal? Noon meal? Evening meal? All three meals?" a guardian may state that all three meals were provided, when in fact the child ate only once or not at all. If both the guardian and the child are inter-

viewed, their responses can be compared to detect discrepancies. Interviewers should note respondents' non-verbal communication or body language when they are responding to sensitive questions. Children's responses may emanate from wishful thinking or fantasy. Repeating potentially sensitive questions in a different way or probing may serve as a cross-check. For example, the interviewer can ask, "What did the child eat yesterday? When did he eat it?"

During report writing, it is useful to include interviewers' observations of respondents that may indicate socially acceptable responses were being given. Also, the final report can include a discussion of the likelihood of social desirability bias and the reason for it.

## II. Data Analysis for In-Depth Interviews and Focus Group Discussions

When using quantitative methods, the data collection and data analysis components are distinctly separate phases. Analysis emphasizes prediction and testing of relationships between and among variables using statistical processes. In contrast, qualitative methods are designed to understand broader psychological, social, political, or economic contexts in which analysis questions are situated. Even images or sounds must eventually be interpreted and systematically incorporated when conducting qualitative analyses. For both quantitative and qualitative methods, the process of investigation and analysis must be well documented so that others can follow it, understand the decisions that were made along the way, and independently verify the results. It is also advisable to store the raw data (e.g., interview transcripts) so that others may analyze it and see if they would have reached the same interpretation.

This section contains more "how-to" information on the analysis process than the previous section because qualitative methods, especially the analysis required, often are not as well understood and/or receive less critical attention. This section provides the Situation Analysis Advisory Team with a general sense of how a qualitative analysis should be undertaken, allowing the Advisory Team to offer the needed critical attention. It cannot be assumed, for example, that the Technical Lead for the quantitative data collection and analysis is equally skilled in qualitative methods.

### *Team Approach to Qualitative Analysis*

Because qualitative data analysis uses words as the basic units of analysis, it is a deeply personal and subjective

exercise. For this reason, some Technical Leads decide from the outset of the situation analysis to use a team approach to analysis, involving data collectors as well as analysts more removed from daily field activities. The process for examining, negotiating, and incorporating multiple perspectives on data can strengthen their final interpretation. A team approach reduces the chance that

There are important differences between the role of a Technical Lead when using qualitative methods and the role when using survey methods. As Knodel explains: "In survey research, the coding of questionnaires is a routine matter of data processing to be relegated to assistants, and tabulations can be run by a programmer. In contrast, in focus group research, code-mapping and overview grid construction are essential parts of the analysis itself. It is exactly through these time-consuming and somewhat tedious tasks that the researcher comes to understand what the data are revealing. They can only be relegated to an assistant at the cost of detracting from the quality of the analysis..."<sup>2</sup>

the subjective portion of the analysis process will lead to unwarranted emphasis or invalid conclusions, thereby greatly facilitating reliability in interpretations.

When using a team approach, it is especially useful to anticipate the analysis process at the beginning:

- Will all team members read and work on all the data, or will specific team members be responsible for different aspects of the situation analysis?
- Will team members work separately and then meet to share and reconcile their findings, or will analysis be conducted in group meetings?
- How will differences of opinion be resolved?

At least one team member should be able to analyze the original language version of the transcripts when translations are used. The analysis will also be more accurate if the data analysts are involved in the data collection process (i.e., present during the individual or group discussions and/or serving as moderators).

<sup>2</sup> Knodel, J. 1994. Conducting Comparative Focus Group Research: Cautionary Comments from a Coordinator. *Health Transition Rev* 4(1): 99–104.

If only one person will conduct the analysis, it is important to review the data as they are collected. If not actually collecting data, the Technical Lead must at least have access to interim data to identify areas for clarification or further probing.

### *Computer-Assisted Analysis*

The level of detail anticipated, and to a lesser degree, the number of people involved in analysis, will affect decisions about using computers. Manual analysis is sufficient when the goal is to map out broad categories of information or when the volume of data is small. As the analysis becomes more complex (i.e., examining the nuances of language or comparing responses between a number of subgroups) and as the volume of data increases, a computer can greatly assist the analysis process. Again, if the analysts themselves will not be keying in data or operating analysis software programs, some thought must be given to how the data will be moved from field notes to data files to analysis procedures. Some software packages have special features to assist a team approach.

A computer is not necessary for qualitative analysis, but if used sensibly it makes information more accessible and allows a flexible approach to analysis. It also is not necessary to develop an electronic coding system or to use a database-type software program to sort and count this information. Many qualitative researchers still prefer to work with written or typed notes with simple copying and filing systems to gather together all responses to a given question. To use the computer effectively, a data analyst, computer programmer, and data clerk may be needed.

### **Choosing a Software Package for Qualitative Data Analysis**

The objectives of the situation analysis and the level of analysis needed should dictate the choice of software. “Code-and-retrieve” programs may be sufficient for the level of analysis desired. Such software programs were developed by qualitative researchers to help the analyst divide text into segments or chunks, attach codes to the chunks, and find and display all instances of coded chunks (or combinations of coded chunks). Examples of code-and-retrieve programs include ATLAS/ti, HyperQual, Kwalitan, MAX, NUD-IST, QUALPRO, and The Ethnograph.

### *Basic Qualitative Data Analysis*

Qualitative analysis emphasizes how data fit together as a whole, bringing together context and meaning. This and the following section describe the approaches to analyzing qualitative data. While the Technical Lead will handle the details of analysis, it is important that the Situation

### **Data Analyst, Computer Programmer, and Data Clerk Positions**

It is recommended that several staff be hired for the duration of the fieldwork and through completion of the report. These individuals should have a broad range of skills that will be helpful to the Technical Lead. Together the data analyst, computer programmer, and data clerk form a data management team that must be able to:

- Help develop codes after reading interview and focus group discussion notes.
- Code interview and focus group discussion data into a computer-compatible format.
- Input the codes for each informant’s responses.
- Generate computerized lists using database software.
- Print out different kinds of sorted lists as requested.
- Link and compare lists using relational database techniques.
- Produce summaries as suggested by this Guide.
- Cut and paste interviews in a new order.
- Secure data from unauthorized access.

Analysis Advisory Team have at least a basic understanding of the process. The value of qualitative data and its quality analysis often receive inadequate attention, especially when it comes to budgeting. In part this is due to a minimal understanding of what it takes to get a quality analysis in line with situation analysis objectives.

One way to analyze qualitative data is to simply use topic guide questions to group the data and then look for similarities and differences. This approach may be particularly appropriate when time or resources are too limited for a more in-depth analysis or when the qualitative data



collection is just a small component of a larger quantitative study and was conducted mainly to provide further depth in predefined areas of interest. The steps in conducting a basic analysis of qualitative data are:

1. Assemble all materials. Copies of topic or interview guide, transcripts, tapes, demographic information about participants, assistant moderators' and observers' field notes, written summaries of each group.
2. Read all summaries at one sitting. Refresh one's memory about the setting, participants, tone of the discussion, general reactions to the discussion, potential trends or patterns, and strongly held or frequently held opinions.
3. Read each transcript completely. Mark sections that relate to each question in the topic guide. Mark comments that might be useful for future quotation. Highlight words, quotes, or phrases that might represent potential classification categories.
4. Examine one question at a time. After reading all responses to a single question, prepare a brief summary statement that describes the discussion. Identify themes or patterns across groups as well as themes relating to respondents with similar demographic characteristics.
5. Create a global synthesis of the qualitative data, examining the findings in light of the original situation analysis objectives. Based on the findings, the analyst should provide insight, recommendations, and hypotheses about these objectives. In addition, the analyst may pose new research questions or informational needs suggested by the qualitative data findings.

### *Complex Qualitative Analysis*

The extent of the situation analysis needs and the qualitative data may require a more in-depth and inductive approach to analysis. This would be the case, for example, when there are multiple topic guides and multiple audiences. It is then necessary to follow a sequence of five interrelated steps for the data analysis: reading, coding, displaying, reducing, and interpreting. The process begins with immersion—reading and re-reading texts and reviewing notes. As you read, you “listen” for emerging themes and begin to attach labels or codes to the chunks of text that represent those themes. Using computer software makes coding easier. Once the texts have been coded, explore each thematic area, first displaying in detail the information relevant to each category and then reducing this information to its essential points. At each step search for the core meaning of the

thoughts, feelings, and behaviors described in the texts or field notes; that is, interpret the data. Finally, provide an overall interpretation of the study findings, showing how thematic areas relate to one another, explaining how the network of concepts responds to the original situation analysis questions, and suggesting what these findings mean beyond the specific context of the situation analysis.

The five analysis steps (reading, coding, displaying data, data reduction, and interpretation) relate to one another in a way that is both structured and flexible. It is structured in the sense that each of these five steps builds on previous steps. In general, one must first carefully read the field notes and transcripts and then begin to code the data. ***Reading and coding should be initiated while the data are still being collected in the field.*** The data display and reduction processes are often conducted after all the data have been collected. However, even during these later steps in the qualitative analysis process, researchers may loop back through earlier steps to refine codes, re-read texts, and revise aspects of the analysis. Resources providing more detailed information on each of the following five steps are provided in Appendix A—Resources, “Qualitative Methods.”

#### ***Step 1. Reading: Developing an intimate relationship with the data***

Most qualitative researchers agree that qualitative analysis begins with data immersion. This means reading and re-

### **Triangulating Quantitative and Qualitative Data**

Following the separate analyses of quantitative and qualitative data, the integration of the data findings can be mapped out. Triangulation of data is the process of bringing different types of data together to build a more dimensional description of an analysis finding. For example, if the quantitative data show that orphans attend school less often than non-orphans, you can consult the qualitative data for some reasons “why” this is happening. The ability to triangulate data, however, requires that the topics and lines of inquiry be represented across all the data sources being used. One critical benefit of integrating various data sources during analysis is that it produces findings with wide appeal. Some audiences want to see the numbers, others want a contextual understanding, and some want both.



reading each set of notes or transcripts until the researcher is intimately familiar with the content. Immersion does not wait for all the data returns, but starts gradually with progressive review as data are being collected. Immersion is analogous to wading into a lake instead of diving in headfirst. Reading involves identifying emerging themes and developing tentative explanations, checking on the quality of the notes or transcripts, and identifying emerging themes.

### ***Step 2. Coding: Identifying emerging themes***

Codes are like street signs, inserted into the margins of handwritten notes or typed after segments of text to remind you where you are and what you see. In qualitative analysis, using words or parts of words to flag ideas discovered in the transcript can make analysis of a large data file easier and more accurate. Coding key themes this way makes it possible to later search and retrieve interesting segments and look at them as separate files. Having all the pieces of the text that relate to a common theme together in one place makes it possible to discover new sub-themes and explore them in greater depth. Though most qualitative researchers use a coding process, there are no standard rules about how to do it. Researchers differ on how to derive codes, when to start and stop coding, and the level of detail they want. When more than one person is involved in coding, a process is needed to negotiate or reconcile coding decisions.

### ***Step 3. Displaying data: Distinguishing nuances of a topic***

Displaying data means laying out or taking an inventory of what is known related to a theme. Attention is turned toward capturing the variation, or richness, of each theme, separating qualitative and quantitative aspects, and noting differences between individuals or among subgroups. The first step is to identify the principal themes and sub-themes that emerge from the data. As analysis continues, you delineate the sub-themes of broader themes; for example, detailing various types of stigma indicated by focus group participants to include reasons and sources of each type.

### ***Step 4. Data reduction: Getting the big picture***

Data reduction means distilling the information to make visible the most essential concepts and relationships. Along the way you have read through transcripts, identified important themes, and developed a coding system to mark the themes. You have sorted data from the original transcripts into new files organized by theme. You have explored the rich variation of each thematic file, identifying key concepts and discovering the perspectives of different subgroups in the analysis. At this point you step back from the data. The reduction process usually happens after all the data are in and you are familiar with their content. The goal is to get an overall sense of the data and to distinguish central and secondary themes. It is also a process of separating the essential from the nonessential. Visual approaches to data reduction are often helpful and include developing matrices, diagrams, or taxonomies for each thematic file that has remained central to the qualitative methods component of the OVC situation analysis.

### ***Step 5. Interpretation***

Interpretation is the act of identifying and explaining the core meaning of the data. It involves communicating the essential ideas of the qualitative work to a wider audience, while remaining faithful to the perspectives of the participants. The purpose of interpretation is not simply to list a handful (or pages full) of interesting themes and their examples, leaving readers to draw their own conclusions. Rather, it is to identify ways that the many different pieces of the analysis puzzle (emerging themes and sub-themes, connections, and contradictions) fit together and what it means. One way to accomplish this step is to develop diagrams or other visual representations that map out relationships in the data. As you try to explain what the relationships mean, you need to continually examine your explanations for plausibility and validity—do the explanations make sense within the context of the situation analysis? Although the meaning that you extract from your analysis should reflect the intent of the situation analysis participants' responses, it must also have relevance to a larger population and provide answers to questions of social and theoretical significance.



## Chapter Six: Reporting and Disseminating Results

This chapter offers suggestions for writing and disseminating situation analysis findings. Approaches and formats for sharing the results are presented along with ways to organize the reports, including techniques for combining or for reporting separately qualitative and quantitative findings. This chapter covers the critical elements such as credibility factors, ethical norms in writing, and choosing audiences and formats.

Strategies for writing and disseminating situation analysis findings are interdependent. Determining how to write requires first determining the purpose of the report(s) and the intended audience. For example, is it writing to influence community opinion leaders, to inform policymakers, or to promote changes in services for HIV/AIDS-vulnerable households, or a combination of these? Understanding clearly the purpose of the report helps determine the primary audiences and how best to reach them. Most likely a situation analysis will involve writing and distributing one complete technical report, several shorter reports, and other documents in other formats. As noted in Chapter One, this Guide recommends developing a dissemination plan early in the situation analysis process because a clearly mapped approach to sharing the situation analysis findings makes it more likely that the findings will be maximally received and lead to action.

### I. Getting Ready to Write

#### *Credibility Factors*

The credibility of situation analysis findings depends on communicating effectively with specific audiences. The confidence that policymakers, advocates, NGO program staff, and community members have in the findings will be determined by both *what* is said and *how* it is said. Three basic strategies are used to enhance the credibility and communicability of situation analysis findings:

- Ensure the theme areas and results that are reported matter to the intended readers (relevance)
- Understand the audiences' needs (e.g., length, level of complexity, and conventions about credibility) and prepare reporting approaches accordingly
- Attend to the basics of good writing (clarity, accuracy, logical development of ideas)

No matter who the audience is, the readers will consider the text in light of their own needs and interests—both

personal and professional. To convince readers that the findings have merit, there must be a balance between challenging their assumptions and reiterating the familiar—in terms of format, style, and content.

To most readers, the quality of the written presentation is a direct reflection of the overall quality of the situation analysis effort. To ensure a high-quality presentation, it helps to answer the content-related questions presented in the following text box. Addressing the issues inherent in these questions will help convince readers that the report is credible.

Effective written communication engages readers both intellectually and emotionally. Writing can motivate readers to change practices, to explore new avenues of inquiry, to inform advocacy efforts, and to spur communities and entire societies into action. The writer's responsibility is to make the situation analysis report as accessible, credible, and engaging as possible. Do not be afraid to share emotion in bringing the respondents' insights to life for the readers (e.g., using case studies or direct quotations). The report's credibility and communicability will determine to a large extent whether readers will use the findings and whether the findings will have an impact on policies and practices related to the well-being of OVC.

#### *Ethical Norms in Writing*

The data collection tools in this Guide gather the sensitive information shared by children, PLWHA, and caregivers of OVC. There are four ethical norms or basic principles that govern how things should be written about people's lives: (1) aim for balance and accuracy, not neutrality, (2) ensure that no harm comes to participants, (3) give public voice to findings by sharing the participants' own words, and (4) describe the context of your interactions with participants and disclose your role.

##### **Aim for balance and accuracy, not neutrality**

When reporting analysis findings, present multiple sides of any contentious aspects of the OVC issue; for example, community care and institutional care. Aim to elicit the knowledge, understandings, and insights of the analysis participants and present their insights in context.

##### **Ensure that no harm comes to participants**

One must not only ensure that no harm comes to those interviewed as a result of their participation in an analy-

## How to Organize Standard Technical Report on Situation of OVC

The following report outline is applicable for reports to government ministry officials and donors and for journal publications.

Acknowledgments

Executive Summary

### I. Introduction

#### A. Background on issue of HIV/AIDS-affected orphans and vulnerable children

1. Relevant facts from previous studies, existing data
2. Unanswered questions and knowledge gaps

#### B. Purpose of analysis

1. Main question and summary of basic approach used to answer it
2. Anticipated contribution of analysis findings

#### C. Brief description of analysis

1. Who did the study, where, and when
2. Brief description of methods and participants (including youth and community participation)
3. Description of relevant cultural or contextual information (e.g., religion, socioeconomic context, population density)

### II. Methods

#### A. Study design

#### B. Sampling methods

#### C. Data collection methods

#### D. Data analysis methods

### III. Findings

#### A. Summary of findings

#### B. Interpretation of findings

#### C. How results relate to earlier studies and to framework

#### D. How methodological difficulties could have affected findings

### IV. Conclusions or discussion of results

#### A. Importance of results to others thinking about the problem

#### B. Logical next steps for follow-up

#### C. Implications of findings for specific purpose of analysis

### V. Recommendations

#### A. Policy or service delivery recommendations

#### B. Community action recommendations

### VI. Bibliographic references and citations

### VII. Data collection tools used

### VIII. Appendices, including organizations providing support to OVC, terminology list, index, and so on

## What to Include in Analysis Reports: Content-Related Questions

In preparation for writing the report, it is helpful to list the questions that are to be answered in the report. Such a list can evolve into a report outline, and should consider the following:

- What are the analysis questions, and in what context do the issues under study exist?

- How was the analysis designed?
- What techniques or methodologies were used to collect and analyze the data? What types of data were collected?
- Why were the situation analysis design, sampling strategies, data collection approaches, and analysis techniques appropriate to answer the questions posed in the context of the assessment?
- Was the analysis process iterative?
- Is the interpretive process used in the analysis described clearly?
- What did you find out, and what do you think it means?

- What was your relationship with informants, and how did you and they influence each other during the analysis process?
- Have you demonstrated an understanding of the world portrayed in your text in a way that readers will feel accurately represents the local perspective?
- Have you conveyed adequate levels of detail about the people and context you studied, including specialized or commonly used language regarding the aspect of HIV/AIDS-affected children?
- Have you explicitly shared with readers your own personal biases, perspectives, and motivations, and how these might affect your analysis?
- What are the limitations of your analysis?
- What is your dissemination plan (e.g., audiences, formats, and venues)?

sis, but also ensure that no harm comes to them as a result of publishing, presenting, or in any other way disseminating their responses, views, or experiences (even collectively). Even when names are not used, there is often information that could reveal the identity of some participants; this is especially true for qualitative data.

### **Give public voice to findings by sharing the participants' own words**

Try to include quotes from participants or even brief phrases (if possible, in the participants' original language, along with the translation). Presenting participants' perspectives in their own words conveys important contextual information to the audience (e.g., emotion and nuance).

### **Describe the context of your interactions with participants and disclose your role**

For the audience to be able to judge the quality of the analysis process, it must have adequate information on when and how you gathered information, the nature of your relationship with those studied, and knowledge of your viewpoint and motivation for carrying out the analysis. Reports and presentations should also clearly state all funding sources for the work.

## **Choosing Audiences and Formats**

Any major study of the situation of OVC will interest a range of potential readers and listeners, the dissemination plan developed by the Situation Analysis Advisory Team is likely to contain a list of potential audiences. There are numerous stylistic conventions that can be used to present the findings. To select the best format, voice, and style for reporting or presenting the findings, careful attention must be given to the readers or listeners. Identifying the potential audiences makes it possible to assess the **when**, **where**, and **how elements** that will guide the writing and presenting of analysis methods and findings.

Writing that targets audiences of **service providers and child welfare and development professionals** often includes concrete suggestions for better practices, as well as broad policy recommendations. It is important to include appropriate scientific references or citations in materials written for such audiences.

When writing or presenting specifically to **clinicians**, it is useful to use biomedical writing conventions such as charts, tables, diagrams, and data matrices. Case reports, a narrative approach familiar to clinicians, may also be used.

Writing intended for **lay readers** or the general public typically presents the “human face” of the OVC issue; for example, adolescent children caring for younger siblings or the situation of children exchanging sex for food or school fees. Such writing suggests how current practices or policies can be reformed or outlines guidelines on how to alleviate problems or improve prevention, care, and support practices and services.

In general, the writing style for **academic audiences** includes papers for presentation at conferences or for publication in social science, health, or medical journals. Such papers typically articulate conceptual frameworks or theories, describe the methodologies used, and present and interpret data. Papers published in journals for less academic audiences, including health practitioners, may also provide theoretical frameworks for better understanding of an issue, such as the resiliency and attachment theories related to children's psychosocial well-being.

When writing for **policymakers** and/or **to advocate for change**, brevity is the goal. Select key points from the findings to support or make the case. These findings will serve as a platform for raising awareness and as a call to action, such as for specific policy reforms. The tone will aim to inform and persuade the readers/listeners.

In addition to the intended audience, reporting and dissemination will be affected by other factors, including staff availability and/or financial resources for writing, upcoming opportunities for presentations at conferences, or traditions within the organization to write reports or publish in journals. These items should be clearly mapped out early in the situation analysis process and specified in the dissemination plan.

## **II. Organizing and Writing Findings**

During the design phase, the Situation Analysis Advisory Team may have decided, based on the information needed, to use quantitative, qualitative, or both data collection methods. Decisions also must be made on how to present the findings of the qualitative and/or quantitative data. The data collection tools presented in this Guide have been used previously to generate separate reports for the qualitative and quantitative findings. That is, the two methodologies were separate, and the findings from the questionnaires (quantitative data) were not used to inform or reinforce the findings from the qualitative data. If this option is selected, and the qualitative and quantitative findings are to be presented separately, the report can include a closing section that ties the two sets of findings together and leads into report recommendations.



## Tips for Reaching Policy Audiences

- Keep reports brief.
- Include an executive summary.
- Provide talking points to policy stakeholders who may use or disseminate the study results.
- Recognize that analysis results may have larger political implications, requiring consensus among many stakeholders before action will occur.
- Use graphs, tables, and diagrams to illustrate important points.
- Encourage policymakers to weigh data from different sources.
- When planning to use information for policy purposes, consider the availability of resources, the institutional capacity to change practices, and the potential risk if change is mismanaged or misguided.
- Identify locally credible champions (not necessarily experts, but respected individuals to convey analysis-based information) to make the case for change with those who can actually influence OVC policies and their implementation.
- Never underestimate the importance of personal contact in policy dissemination efforts.

The Advisory Team may, however, decide to use the quantitative and qualitative findings to address similar issues among the same populations. When writing the full technical report using this scenario, a structure that works particularly well is to organize the presentation of all findings by key themes; for example, education for OVC, healthcare, psychosocial well-being, and caregiving practices. One must be selective when choosing themes—with so much data it may be necessary to leave some material out.

As noted at the end of Chapter Five, triangulating the data (e.g., by themes) presents a more multifaceted description of the situation of vulnerable children. A report that integrates different data guides the reader through the findings from one methodological approach, then presents the findings from a different approach, and then explains to the reader what the combined findings mean with regard to a particular theme. After treating all key themes sequentially in this way, a conclusion is written that explains the linkages between themes, explains the findings in light of the data gathering framework, and discusses whether the findings are consistent with other OVC analyses and studies.

Sometimes an analysis that uses both quantitative and qualitative methods provides different results for the same phenomenon. The analysis report does not need to reach a unifying conclusion regarding discrepant findings, but it should present these contradictions and offer supporting data for the reader to assess.

## *Approaches to Organizing the Report*

Using the purpose and the audience's needs as a guide, consider the approach and style that will best convey the findings. There are several options: problem-solving approach, narrative approach, policy approach, and analytical approach.

### **Problem-solving approach**

The problem-solving approach to organizing the report includes the following:

- State the problem and describe the importance of the analysis topic and its implications for health and child welfare policies or practices.
- Briefly describe the methods.
- State what was learned about the situation of OVC and their caregivers.
- Offer recommendations and conclusions.

### **Narrative approach**

The narrative approach to organizing the report includes the following:

- Tell the story in a chronological narrative, illustrating a problem or process—such as sequential hardships of orphanhood (e.g., prevention-to-care continuum) or orphan experiences from multiple perspectives.
- In the conclusion, explain why and how the problem or process occurs. For example, if the analysis examines perspectives on community caretaking of orphans, and approaches vary from village to village, organize the findings by site.

### **Policy approach**

The policy approach to organizing the report includes the following:

- Present a summary that explains why a process, situation, or behavior occurs or does not occur.
- Begin by presenting evidence to show how this conclusion was reached. Journalistic and policy-oriented reports typically follow this pattern, for busy readers who have little time to read a lengthy report until they have grasped the relevance of the material.

## Analytical approach

The analytical approach to organizing the report includes the following:

- Organize the findings in terms of the conceptual framework that was used to develop the analysis.
- Describe what was learned and how it fits in a larger context. If using the prevention-to-care continuum model, for example, explain how the findings support or differ from the model and related thinking.

No matter which approach is used, it is critical that the report writer and/or presenter demonstrate his or her knowledge of available literature/material on the subject and have the facts right.

## Reporting Qualitative Analysis Findings

One of the greatest challenges in reporting qualitative data is remaining focused on the analysis questions and objectives, while linking the questions to the findings. The findings are the researcher's insights from sorting the data, identifying themes, describing how they fit together, and understanding how they fit into the larger socio-cultural context. Quotes from participants (i.e., the raw data) should not be considered or presented as results, but rather as illustrations or insights from the analysis. Appendix A lists resources and access information on how to write reports to present qualitative data.

Following are general guides for writing up qualitative findings:

- Keep focus in mind at all times, but be skeptical about it. Keep an open mind to the possibility that you might not be quite on target. Use as a guiding question: "What is this really a study of?" It is not sufficient to say that the purpose of the group and individual interviews was to complement survey data, and it is probably not sufficient to say that the purpose of the interviews was to assess the situation of HIV/AIDS-affected OVC.
- Eliminate data as you focus progressively and hone in on the topic. Indicate in notes or asides what is important and interesting, but that can be dealt with in another article or report.
- Identify areas that need further investigation or follow-up. That is, do not get stuck because there are data you do not have or elements you do not understand or cannot interpret. Indicate that you do not have it or cannot do it, and move on.

- Use concrete examples and direct quotes as often as possible. Avoid generalized statements such as "knowledge of a child's emotional needs is low among caregivers." Instead offer "knowledge about a child's need to grieve (and/or other specific aspects of children's emotional needs) is low among caregivers."
- Write the report as if it is for an audience that does not already know what you are talking about and that may not know much about OVC and your particular culture. Write for an international audience with the longer-term objective of sharing the findings with the international community that is involved in helping OVC.

## Reporting Quantitative Analysis Findings

Reporting quantitative findings is usually descriptive—frequencies, proportions, ratios, averages, and so on. Results of statistical significance testing should be explained to include not only what was found to be significant, but also what was found to not be statistically significant. If, for example, the data indicate that orphan children attend school less often than other children living in the same household and this difference was not statistically significant, then the report must note this as a finding. Lack of information can also be a finding. For example, if nearly half of the caregivers interviewed cannot recall how much food was offered or consumed the previous day, this information should be included in the report. Present such findings with minimal interpretation in the results section, and then relate the findings to the thematic questions in the conclusion/ discussion.

No conclusions should be reached before all of the results have been digested because doing so would mean that each outcome was evaluated in isolation of every other outcome, which would minimize the chance of understanding what all of the data can show. Also, if there are inconsistencies among the results, it could place the writer/presenter in an untenable position in which he or she might make a conclusion only to contradict it in a subsequent section. See Appendix A for a list of resources on reporting quantitative findings.

## Generating tables and graphics

Tables, charts, and graphs should speak for themselves. The reader should be able to interpret them without textual explanation, although text may help to reinforce significant points that are presented in a table/chart/graph. Generally, text that explains the contents of a table, chart, or graph should not repeat or summarize all the

information that appears in them. For example, if 50 percent of the respondents answered, “Yes” to a question and this is statistically significant, then the text can reinforce what the table/chart/graph contains regarding this finding. However, let the table/chart/graph alone portray other findings that are not particularly noteworthy.

Tables and charts are often used to show comparisons (e.g., orphans versus non-orphans) or other information, such as the breakdown of household expenditures. In technical reports, it is helpful to provide as much information in a data table as reason allows. For example, provide the numerator and the denominator for each indicator, as well as the percentages, so that users have maximum flexibility in interpreting and re-analyzing the data. The more user-friendly the presentation of the data, the more likely it is to be used.

The following two data tables are examples of tables that can be generated using data gathered with the questionnaires provided in this Guide.

Other examples of information that could be presented in data tables include:

- Demographic information for heads of households and children
- Economic characteristics of households
- Experience with support services
- Relationship between head of household and orphans and vulnerable children

- Profile of orphans and vulnerable children’s psychosocial issues
- Perceptions of appropriate communication with orphans and vulnerable children
- Perceptions and experiences with HIV/AIDS
- Food intake by orphans and vulnerable children
- Use of free time by orphans and vulnerable children

In general, tables in each category offer frequencies for specific variables. For example, tables on household access to support services might cover such items as types of assistance (e.g., food, counseling, clothing) and providers/sources of support (e.g., church, health center, neighbors). Using these tables, the Situation Analysis Advisory Team should be able to identify the most critical needs that are not being met and obtain information that will help to develop recommendations to meet these needs.

To the majority of people, graphic presentation of information and findings from the situation analysis and other sources of information is much more persuasive than tables or text. Line and bar graphs can be used to illustrate changes over time, such as number of OVC by region and year or changes among sub-groups of OVC (e.g., school attendance for single-parent orphans and double orphans by geographic location and by gender). Pie charts provide a quick visual display of proportion distributions, as shown below.

Effect of Parent(s) Death or Illness on Children’s Daily Life (%)

Effect	District 1 N = 146	District 2 N = 160	District 3 N = 329	District 4 N = 223	Total Head of Households Reporting N = 858	
	%	%	%	%	N	%
Less food/money as a family	24.2	23.1	26.3	42.2	257	29.3
School attendance declined or stopped	15.4	30.2	29.3	23.8	225	25.7
Grades have worsened	5.4	8.3	23.0	7.2	115	13.1
Do more housework/fieldwork	2.7	3.6	3.9	7.2	39	4.5
Take care of smaller children	3.4	1.2	2.4	5.8	28	3.2
Take care of living parent	2.7	0.6	0.6	2.2	12	1.4
Has not affected their life	34.2	17.8	9.3	5.8	125	14.3
Other	6.0	7.1	3.6	4.9	44	5.0
Do not know	4.0	3.0	0.0	0.9	13	1.5
Total	100	100	100	100	858	100

## Education

	District I		District I		District I		District I		Total		p-value
Demographic Variables	N	%	N	%	N	%	N	%	N	%	
Whether orphans and vulnerable children ever attended school	187	95.4	145	74.4	169	85.8	184	92.9	685	87.2	0.000
Reason for not attending school											
Death of parent(s)/guardian(s)	8	88.9	34	72.3	18	72.0	6	46.2	66	70.2	
Financial problems	1	11.1	9	19.1	4	16	2	15.4	16	17	
Lack of school space	-	-	3	6.4	3	12.0	5	38.5	9	9.6	
Does not like school	-	-	1	2.1	1	1.1	-	-	-	-	
Currently attending school	96	51.3	71	48.3	71	40.1	102	54.0	340	48.6	0.049
Reasons for not currently attending school											0.000
Death of parent(s)	18	9.0	10	5.1	33	16.5	3	1.5	64	8.0	
Failed exams	11	5.5	9	4.6	2	1.0	-	-	22	11.1	
Financial problems	49	26.4	39	20.0	45	22.6	11	5.6	144	18.3	
Type of schools attended											0.008
Government	70	74.5	50	73.5	55	77.5	93	91.2	268	80.0	
Private	7	7.4	2	2.9	1	1.4	3	2.9	13	3.9	
Community	17	18.1	16	23.5	15	21.1	6	5.9	54	16.1	
Current grade level											0.055
Lower primary (1 – 4)	4	4.2	11	15.8	13	19.0	1	4.3	29	11.4	
Upper primary (5 – 7)	68	71.6	24	34.7	42	61.7	14	60.8	148	58.1	
Junior secondary (8 – 9)	18	19.0	25	36.2	11	16.2	5	21.7	59	23.1	
Senior secondary (10 – 12)	5	5.3	9	13.0	2	3.0	3	13.0	19	7.5	

Graphics should be self-contained because people who read a report often want to reproduce graphics to use in their own presentations, or in combination with other data. A good graphic contains:

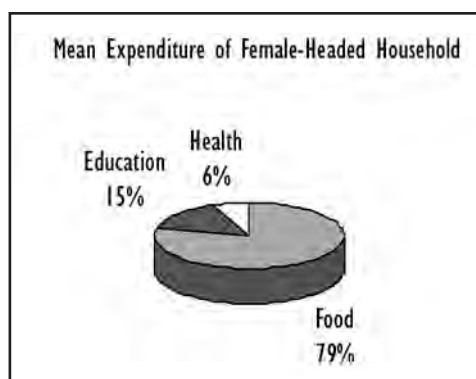
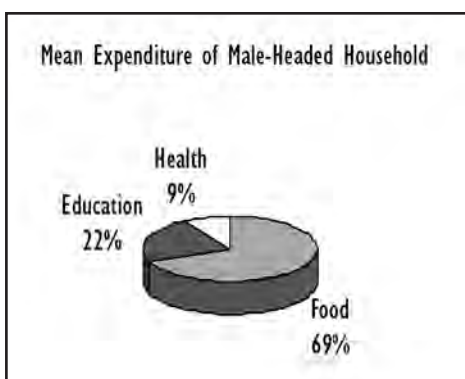
- Title that clearly specifies what is being measured, including the population in the denominator and the location and time (e.g., year) of data collection. Parameters of the indicator should also be specified in the graphic, although if this overloads the graph titles, they can be included in the axes titles or a legend.
- Source and date.
- Value labels for each data point. This allows people to read off values and either re-create the graph or refer to them in text or a presentation. If there are many data points on a graph and data labels are likely to cause confusion, the base data for the graph can be presented in an accompanying table.
- Significance levels and/or confidence intervals. In technical reports, the p-value itself may be reported

on the data series for the graph. For general presentation, relevant data series can simply be labeled “statistically significant.”

## Answering Analysis Questions

A major component of the situation analysis report is the summary of the data as it relates to the themes and related questions generated by the Situation Analysis Advisory Team. As mentioned previously, one of the first tasks of the Advisory Team is to identify topic areas and to determine what and how data can provide depth of understanding about the situation of vulnerable children.

It may be easiest to arrange questions by topic areas or themes and to write the report so that the text answers the questions in a simple and straightforward manner. The Situation Analysis Manager and Technical Lead may need to meet, perhaps several times, with other Advisory Team members to review the data and results from different data collection tools and determine how to answer particular questions.



The answers to questions will then lead to recommendations on how to use the data to address the needs of OVC. Some data may suggest minimal or no changes to existing OVC policies and programs. Other data may direct the Advisory Team to make specific recommendations about how to improve the situation of vulnerable

children. Chapter Seven provides concrete examples of how data can be used in efforts for OVC. Examples include improving logistics (e.g., food supply), improving access (e.g., reducing school fees for OVC and extending VCT services to meet the needs of young people), making structural changes (e.g., community schools, daycare centers, or counseling centers), or improving a community's ability to respond to the needs of OVC.

## Report Tables

An example table and descriptions of the most important items to be provided in a data table are presented below.

TABLE	[Table Number]		[Title]
	Freq.	Percent	Cuml.
-----+-----			
[Code]	n	%	%
[Code]	n	%	%
[Code]	n	%	%
[Code]	n	%	100.0%
-----+-----			

Total | 100.0%

Note that the table is numbered and titled. The title gives direction about the information to be gained from the data in each table. "Freq" is the **frequency** or the number of times each of the codes occurred in the population. **Percent** is the percentage of the entire population surveyed for each code or variable characteristic. "Cuml" is the **cumulative percentage** of all the codes and the proportion represented by each code. The **mean** is given when it is important to know the average of continuous responses (e.g., ages, number of hours a caregiver spends earning an income, number of people in a household). The range of these responses can be assessed by looking at the **minimum** and **maximum** values.

## Preparing Summary and Recommendations

From a practical point of view the summary and recommendations section is perhaps the most important part of the situation analysis report because it is a synthesis by the Advisory Team of all the information gathered, and it is often the first and/or only section of the report that a large segment of the audience is likely to read. It is also important because the analysis findings will likely lay the groundwork for planning and mobilizing action, and it provides an opportunity to clearly explain the relevance of the analysis and how its findings can guide future decisions regarding efforts for OVC. The summary and recommendations section must be concise and as specific as the findings permit, as well as sensitive to the political context, indicating who should do what, where, when, and how. It must clearly indicate which recommendations are based on the findings of the analysis as opposed to those that arose by other means, such as expert opinion or consensus of the Advisory Team. Before publishing the report, key stakeholders should be consulted to ensure the recommendations are appropriate, feasible, and practical given the available resources of the target groups (e.g., NGO programs and government ministries).

The summary and recommendations section should be short and easy to read. A bullet list format can help make it easier to read. Avoid broad statements of what should be done (but will not) and long wish lists. Recommendations may specify strategies for action, call for priority attention to certain geographic areas, and rec-



### Creating a Terminology List

One key task of the Technical Lead is to prepare a list of terms and acronyms used in the report. This list is the primary lexicon of the analysis population and includes terms relevant to the HIV/AIDS-affected OVC issue. One cannot assume, for example, that the reader uses the same definition of orphan or vulnerable child.

ommend potentially cost-effective interventions. They may also identify organizations that are best suited to respond to the recommendations. In situation analysis reports, a list of all key recommendations must stand out. As a general rule, the recommendations section should be no longer than 2 pages.

### Appending the Data

The complete situation analysis report should have an appendix that contains the data tables and interview transcripts, but it must not contain any identifying information about respondents. Given the potentially large volume of information in such a data appendix, it may be necessary to put it on a CD-ROM. Including the data in a report appendix enables other readers to use the data for their own purposes and/or to look more closely at the data for specific information. For example, care and support professionals can benefit from the actual data because it allows them to look for language commonly used by community members, guardians, and the children to refer to their situations, and then compare that with language used in their own programs.

### More Sources Are Better Than Fewer

Seek other data sources that support the situation analysis findings. As part of preparing for a situation analysis, the Situation Analysis Manager should seek out secondary data sources to help inform the Advisory Team on information gaps. During the report-writing phase, these secondary data should be searched again for points that support or expand the findings. Secondary data that may be referenced or woven into reports include: school dropout rates in areas with high HIV/AIDS incidence, number of street children and abandoned children, number of institutionalized children, mother-to-child HIV transmission data, and child labor statistics.

### Tips for Developing Recommendations

It is important to mentally step back from the details of the data collected to look at the general situation and see what needs to be done. Look at the recommendations as a whole to identify related issues that could be addressed through a particular action; this can help identify broad priorities for action. When developing recommendations, pay particular attention to the following questions:

- How is each recommendation supported by analysis findings?
- What differences can an intervention be expected to make in the child's life and in the household?
- What actions are necessary pre-conditions for other actions?
- In what ways are potential solutions to problems interrelated?
- Can the recommendations be prioritized?
- Is there a person, organization, or government ministry that can be made responsible for action on each recommendation?
- Is the current level of information exchange about orphans and vulnerable children's needs and services adequate?
- How could collaborative action be increased?
- What can be done to increase the likelihood that available resources will be used in keeping with the recommendations?
- How can ongoing monitoring of the impact of AIDS on children and families be carried out?
- Can a particular approach or intervention be implemented (considering both potential availability of resources over time and technical feasibility) on a scale sufficient to improve the situation of a substantial portion of the most vulnerable children and households?
- Which approaches or interventions will produce long-term improvements for vulnerable children and households, either by being sustained over time or by producing ongoing socioeconomic benefits?

Adapted from Williamson, J., Cox, A., and Johnston, B. 2004. *Conducting a Situation Analysis of Orphans and Vulnerable Children Affected by HIV/AIDS*. February. PHNI.

### III. Disseminating Situation Analysis Findings

Because the overall intent of the situation analysis is to generate information that will be used, the dissemination of analysis findings—what, why, by whom, where, when, and how—must be considered early in the situation analysis planning. The dissemination strategy should take into account the diverse informational needs of different audiences and the limited time they have to digest the findings. It is likely that several formats will be used to disseminate the findings; the different formats tied to the specific purposes of dissemination to specific audiences. These different purposes may include:

- Providing tools or materials for people advocating policy change
- Helping decision-makers and others understand social, cultural, political, or economic factors that affect the well-being of orphans and vulnerable children
- Providing practical information to develop strategies for national action
- Keeping OVC issues alive in the media, donor, and public health communities
- Strengthening and increasing the frequency of communication between the Advisory Team and study participants

#### *Promoting Interest*

Contrary to the popular belief that dissemination is an end-of-analysis activity (e.g., a seminar to brief senior administrators), dissemination is a continual process, not a one-time event. Nor is it necessary to wait until all the

analysis is done to disseminate. From the first day the situation analysis plans are announced to government ministry officials or community leaders, one should continually and actively disseminate information on the purpose, scope, and potential impact of the situation analysis. For example, when you return to stakeholders and key informants to say,

#### **Dissemination Checklist**

Situation analysis findings are ready to be disseminated when there is:

1. Standard, full report
2. Two-page fact sheet summarizing key findings
3. Executive summary
4. Targeted reports for specific audiences
5. One- or two-page press release focusing on the main findings
6. List of spokespeople according to their specialty areas
7. Data tables/charts/graphs
8. List of all persons associated with the situation analysis, including their affiliations and titles, roles in the analysis, and contact information
9. Web posting of report—if several Advisory Team members have websites, post and/or refer to the situation analysis findings on each site
10. Contact person(s) for additional information and as many ways as possible way to reach them
11. Office telephone, cell phone, home telephone, e-mail address, fax number, home and office address, and alternative telephone numbers such as family/friends/neighbors
12. List of resources and references
13. Series of “issues briefs” that package analysis data with data from other sources for use by different sectors
14. Schedule of meetings with community members from which data were gathered to carefully explain the implications of the findings for the community and the individuals within it
15. List of key message points, especially for talking with the press
16. PowerPoint presentation highlighting the process, findings, and recommendations
17. Video-footage (B-roll) or stock photographs to facilitate media coverage

#### **Dissemination Factors That Promote Use of Findings**

- Information needs of specific audiences are considered when designing the situation analysis
- Credibility and reliability of analysis findings are accepted by those who use the findings
- Findings are disseminated to multiple audiences using a variety of channels and formats
- Presentation of findings emphasizes important lessons learned, especially from the point of view of the intended audience, rather than the need for more research

“This is what I’m hearing; Does it make sense to you; Why or why not?” you are sharing preliminary findings and opening a collaborative dialogue on their meaning.

To foster a climate in which the situation analysis findings are viewed as relevant, it is important to involve stakeholders in as many dissemination activities as possible. Stakeholder participation can mean straightforward, simple activities. Maintaining frequent communication with key groups through visits, telephone calls, e-mail correspondence, and/or technical support are effective ways to promote interest in and use of analysis findings.

### *Reaching the Audience*

To promote effective communication, determine which sources of information the audience considers credible, useful, and timely. Ask who might be influential in acting to improve or change attitudes, programs, or policies suggested by the analysis findings and recommendations. For example, a government minister, parliamentarians, or the first lady could assume different roles and promote key messages for communicating the findings and recommendations.

It is important to assess which style of dissemination best meets the audience’s needs. Some audiences prefer brief and/or graphically interesting materials, while others require comprehensive and/or academically oriented materials. Written dissemination is sometimes not culturally appropriate; instead a series of community discussions may be more effective. Different groups need different information, in different languages, using different terminology and technology, delivered in formats that respect cultural and other norms. Timing and opportunities also differ by group. A communications consultant or a local NGO skilled in dissemination may be able to help develop and pre-test materials and messages for the various intended audiences. ***Developing Materials on HIV/AIDS/STIs for Low-Literate Audiences*** (available at [www.fhi.org/en/HIVAIDS/pub/guide/lowliteracyguide.htm](http://www.fhi.org/en/HIVAIDS/pub/guide/lowliteracyguide.htm)) may be helpful.

To determine if the analysis findings will matter to the audience it is important to ask if the dissemination materials are:

- Relevant to the users’ real and compelling problems
- Practical from the users’ perspectives
- Useful and applicable to the users’ situations
- Understandable to potential users

## **IV. Anticipating Challenges**

Even the best laid dissemination plans encounter challenges, ranging from resource constraints to skepticism about the applicability and validity of the findings. Community members or government stakeholders may not be convinced that change is desirable or possible, or recommendations based on the findings may be considered too innovative for the current political climate. Or

### **Ways to Foster Two-Way Communication**

Stakeholders are more likely to use situation analysis findings if they feel they have participated in creating the results and are consulted and kept informed throughout the analysis process. An appropriate role for Advisory Team members is to foster and maintain communications with audiences who can act on the analysis findings. A critical factor in facilitating a unified response based on the analysis findings is consistency of voice. Everyone who will be representing the analysis and its findings must agree on a common set of talking points and responses to key questions. Specific communications such as the following can be effective in promoting use of the findings:

- Regular two-way communication and consultation with stakeholders
- Regular written feedback to stakeholders on analysis purposes, progress, and findings
- Frequent face-to-face dialogue about progress, preliminary analysis results, and implications of results for programs or policies
- Field trips with analysis managers and stakeholders to view activities in order to create understanding, enthusiasm, and ownership of analysis results
- Collaborative seminars to identify actions on the findings
- Joint development of print materials, covering the analysis and its findings, written at different levels for different audiences
- Follow-up visits to government ministries or other key parties to personally deliver and review analysis report(s)
- One-on-one discussions with stakeholders for informal discussions of findings, with written communication regarding next steps

## Dissemination Venues

There are many opportunities for sharing analysis findings; some are country-specific. Following are general options:

- International, regional, and national conferences and workshops
- Community forums, such as church group meetings and farmers' co-op gatherings
- Private sector meetings, such as chambers of commerce
- Task force gatherings, such as National Poverty Reduction and Global Fund

the analysis findings may not be focused enough to provide guidelines for action, and it may be necessary to confer again with stakeholders who are able to create and take responsibility for disseminating action-oriented recommendations.

It is important to ask if the findings will have a negative impact or will be controversial. That is why when originally designing the analysis one must consider the potentially disadvantageous uses of the data that are to be collected. In planning the dissemination strategy, one should revisit these issues, and try to anticipate if the analysis findings might be embarrassing to program administrators, parliamentarians, or other community leaders accountable for decisions and oversight of child welfare programs and policies. For example, some parliamentarians may be advocating for increased institutional care and the situation analysis might reveal the inadequacies of such care. The way such findings are reported can thus make a huge difference in engaging or alienating support of recommended actions. Another factor to consider is whether the news media or citizen groups might take the findings out of context (e.g., orphan girls having sex and need abstinence-only interventions). Be aware that the analysis findings will be used in one way or another, and sometimes those uses are different from the intended uses.

How the situation analysis findings are used may be outside the Advisory Team's control, but the Advisory Team is responsible for anticipating the potential negative uses of the information. Planning ahead can help stakeholders and members of the team prepare for findings that may be controversial or lend themselves to distortion. For example, some people may focus exclusively on a finding that shows orphans and non-orphans are equally accessing education, without including other critical findings

## Making Your Case: Audience Considerations

The situation analysis data can be packaged to meet the interests of virtually any sector. Choosing relevant data requires attention to detail. For example, the Minister of Labor is not going to read a 50-page report about HIV/AIDS-affected children that includes information on sampling methodology and statistical tests. In fact, the Minister of Labor may not think that the OVC issue has any bearing on his or her work at all. It is the Advisory Team's task to pick out from the analysis findings the pieces of information that are most likely to be relevant to the minister, and to package them together with information from other sources into a two-page brief that makes a compelling case for greater support of, for example, vocational training for vulnerable children. The information selected from the analysis might include the number of children working as unskilled laborers, and this could be packaged together with information on labor market projections from the Labor Ministry's own records, along with data on school attendance related to orphan status obtained from Demographic and Health studies. The Situation Analysis Advisory Team can combine secondary data information with the situation analysis findings to make a compelling case for specific actions and policies that will improve the well-being of orphans and vulnerable children.

The Ministry of Agriculture may want to know how rural families are coping with HIV/AIDS in order to anticipate training needs in small-farming production. The private sector and NGOs can be interested in the analysis results and be persuaded to act on them *if they understand the relevance to their own work*. Again, the careful selection of relevant data and its presentation in the right language are fundamental to success. *Private firms may respond to the language of the bottom line (e.g., end result if no action is taken), while development organizations may be persuaded to contribute more to mitigating the effects of HIV when information is couched in the language of rights and responsibilities of OVC*. In some cases, it is helpful to present information for only some age groups, or for only one gender, to stress the relevance of the findings to a specific audience.

When discussed in terms of economic impact, the plight of OVC may appear on the private sector's agenda. For example, the rising pool of unskilled, under-educated, and emotionally unbalanced workers may alarm potential investors and may affect areas such as tourism, especially if the number of street children continues to increase.



## Working with the Media

The media play a key role in conveying information to policymakers and the general public. Mass communications using news media, advertising, and marketing channels are particularly effective for publicizing new information and influencing social norms. Media coverage of OVC issues can demonstrate the benefits of particular programs and policies or model behaviors such as community acceptance of HIV-affected children. If the purpose of the analysis involves communicating findings to a wide group of people, and there are sufficient resources, a media professional or health advocate can help plan effective activities, keeping the following guidelines in mind:

- Establish the message(s).
- Plan to meet individually with journalists or host press briefings.
- Consider the audiences and direct the messages to them, remembering that the audiences are interested primarily in how they are affected by what is said.
- Aim for media with the broadest reach, such as radio, as well as for targeted media such as those for the business community.
- Know the facts.
- Use human language. Everyone relates best to human experiences, so use stories drawn from the analysis to make the key points easier to absorb. Avoid technical terms. Use quotes from research participants to illustrate the message.
- State the conclusions clearly, from the beginning. For example, one might say, “This study showed how communities can improve the lives of children affected by HIV/AIDS ... and let me tell you how....”
- When interviewed, stick to only a few key points; practice articulating a brief message that broadcast journalists can use as a sound bite (statement less than 10 seconds).

such as orphans’ school attendance dramatically decreases over the span of education levels and overcrowded classes impede teachers’ abilities to address the special needs of vulnerable children.

## V. Tracking the Effects of Dissemination

It is important to visualize how different groups might use the situation analysis findings and recommendations. How might the findings affect relations among individuals or groups concerned with orphans and vulnerable children? How might the findings affect future research, public awareness, or community mobilization to improve the situation of OVC? What might the application of the findings mean to national or sub-national planning, allocation of resources, and social services procedures and functions? Considering such questions can stimulate the development of dissemination output and outcome indicators.

**Short-term or intermediate outputs** from disseminating findings on the situation of orphans and vulnerable children may include:

- Publication of analysis findings in-country as well as internationally.
- Presence of analysis reports in local, national, and international resource centers or libraries.
- News media coverage of analysis findings.
- Number of individuals or groups that need the information that have access to summaries of the findings.
- Locally initiated translation of assessment findings into local languages or easier-to-read formats.
- Number of short courses or conferences where results are disseminated.
- Publication in peer-reviewed journals.
- Funds allocated for additional communication of results.
- Adoption of future analysis or research priorities suggested by the findings and recommendations.

**Long-term or ultimate outcomes** or impacts from disseminating findings on the situation of orphans and vulnerable children are harder to measure, but may include:

- Number, variety, and mutuality of relationships between those interested in the situation of OVC and those who are in a position to help them.
- Persistent enhancement of mutual understanding of terminology or language used by different groups (e.g., politicians, community members, ministry officials) to describe the situation of orphans and vulnerable children.



### **Experience from the Field: Dissemination That Mobilizes**

The OVC situation analysis in Namibia resulted in 1 main technical report and 13 regional sub-reports. The sub-reports contained the information—current and projected—relevant to each of the regional councils. The situation analysis was timed to coincide with Namibia's National Orphans and Vulnerable Children conference and was the basis for moving forward with a national program of action. Regional councils were tasked with disseminating the information within their regions and ensuring that the subject of orphans and vulnerable children was added to the regional HIV/AIDS forum. To coordinate this and OVC programming, a national OVC committee was established. A report was also circulated to all parliamentarians and all key line ministries and OVC stakeholders and media. Representation on the OVC committee was then expanded to ensure national and regional inclusion. Three years later, this committee became the Orphans and vulnerable Children Permanent Task Force, which reports directly to the Cabinet.

- Increased instances of communication between community stakeholders and policymakers.
- Increased accuracy in the information that stakeholders share in dialogue or debate.
- Number, variety, frequency, and persistence of forces that can be mobilized to use the knowledge generated.
- Changes in the situation of OVC attributable to the analysis findings.
- Increased long-term news media coverage of OVC issues (as measured by content analysis over time).
- Allocation of funds or government support for OVC in line with the analysis recommendations.

## Chapter Seven: Translating Data into Action

The Advisory Team plays its most vital role—rallying data-driven action—after the situation analysis report is complete and the findings are publicly available. Regardless of the scale (national or sub-national) of the situation analysis, four fundamental actions naturally follow a situation analysis of orphans and vulnerable children: (1) undertaking consultation and coordination, (2) developing a strategic action plan, (3) establishing monitoring and evaluation strategies, and (4) defining or re-defining a policy and regulatory framework. Advisory Team members can use the analysis data to engage other stakeholders in advancing efforts to achieve these four actions and, thereby, improve programs for vulnerable children and their families.

This chapter offers suggestions on how situation analysis data may facilitate action on the findings, discusses the four fundamental actions noted above, and presents illustrative examples of how analysis findings can support community mobilization and inform programming.

***Of course we need to do careful planning and deliberation about the actions we shall take, but any moment spent on deliberations that does not lead to decisive action in support of orphans and other children made vulnerable by AIDS is a moment tragically wasted.***

—Nelson R. Mandela  
African Leadership Conference on HIV/AIDS  
September 2002

### I. Facilitating Data-Driven Planning and Action

Mobilizing action among policymakers, community leaders, organizations, and the public requires, as a first step, increasing awareness of the impacts of HIV/AIDS on children and families. Such awareness, by itself, may generate sympathy, but not necessarily action, so it must be linked with efforts to generate a broadly shared sense of responsibility to support and protect those affected and a clear vision of how to do so. The four key areas previously noted—consultative planning, strategic action plan, monitoring and evaluation strategies, and policy/regulatory framework—offer a comprehensive way to translate situation analysis findings into action.

#### *Consultative Planning and Coordination*

Presenting the situation analysis findings and recommendations at a broadly inclusive conference is a venue where Advisory Team members can encourage collective owner-

ship of the situation of OVC and initiate action. If the analysis was limited to several districts (e.g., those with high HIV/AIDS prevalence), a geographically focused conference is viable. The typical aim of a planning conference is to establish or revisit coordination structures for advancing solutions to the needs of OVC. During the conference, data from the situation analysis and other sources of information can be used to develop basic principles and guidelines for establishing consensus on the status, goals, priorities, standards of care, coordination, and interventions for a full-scale response.

Involving government officials and key leaders and ensuring they are briefed on the analysis findings beforehand enables them to draw attention to emerging problems and can help attract conference participants and media attention to the event. Other influential voices include those who can amplify and transmit key messages, such as religious leaders and popular sports or entertainment figures. Public health officials likely do not need to be convinced about the importance of dedicating time and resources to HIV/AIDS mitigation; however, the same cannot be said for policymakers in other sectors, who must confront pressing priorities of their own. The situation analysis data can be used to trigger and validate responses and involvement by multiple sectors, such as the education and agriculture sectors (e.g., food security issues).

Beyond increasing the visibility of problems, a conference can help lay the groundwork for an enabling environment by:

- Initiating discussion and consensus on situation analysis findings and recommendations
- Persuading ministries and organizations (both those that are involved and those that are not involved) to identify and commit to roles and actions
- Identifying potential resources
- Initiating or strengthening coordination, ongoing dialogue, networking, and building partnerships
- Generating support for a strategy to strengthen the capacity of affected children, families, and communities
- Promoting support and actions on recommendations

The situation analysis findings can motivate stakeholders to lead a mobilization process that creates consensus on priority areas, enhances program reach and quality, increases resource leveraging, and promotes collaboration

and networking. To achieve scale and quality, it is essential to build consensus and create a harmonized, well-coordinated, and data-driven response.

### Perspectives on Consultative Planning and Coordinating Structures

National or sub-national consultations about the situation of OVC and youth may occur in two parts: one part before and one part after a situation analysis. In this scenario, a comprehensive analysis may be postponed and a rapid assessment or desk review undertaken as a prompt for the initial consultation. In this way, a situation analysis becomes part of an extended consultative process that can move beyond the parameters of one or two national or sub-national conferences and take shape as a permanent coordinating structure (likely including former Situation Analysis Advisory Team members). Such a structure will rely on the situation analysis findings to guide development and implementation of a national plan of action for large-scale and sustainable interventions for vulnerable children and youth.

### Strategic National Action Plan

Building on the consultation process, situation analysis findings can guide development of a strategic national (or sub-national) action plan for OVC or can be used to amend or update an existing action plan. It is relatively easy to use the data collected to identify HIV/AIDS-related problems or issues affecting children and their caregivers. The challenge is to identify the most critical problems and to formulate appropriate and strategic responses.<sup>1</sup> Situation analysis findings help planners take into account both the seriousness of various problems and their consequences. This in turn makes it possible to evaluate the potential impact that specific actions will have on the problems. Several points must be taken into account for each problem:

- Causes of problems experienced by orphans and vulnerable children
- Estimated number and proportion of children and families affected (from other sources)
- Relevant coping strategies identified

- Contextual factors that significantly affect (positively or negatively) the problems and how people cope
- Adequacy and effectiveness of current programs or other interventions
- Opportunities for making a significant impact
- Costs and timeframe for alleviating the problem

For each problem, potential types of action can be identified, and may involve:

- **Prevention** to block factors causing problems
- **Mitigation** to change the factors influencing problems to make it easier for those affected to cope
- **Capacity-building** to strengthen family and community capacity to deal with problems on an ongoing basis
- **Relief** to provide direct assistance to affected individuals and families to meet urgent needs

Situation analysis findings can be used to put the magnitude of the problems experienced by vulnerable children and their caregivers into perspective. Given that the findings will convey opinions and sentiments of the intended beneficiaries of a strategic plan, the relevance of the findings cannot be overstated.

The Advisory Team will not likely submit cost estimates for carrying out actions recommended in the situation analysis report. However, when developing recommendations that may be used to guide the drafting or updating of a national action plan, the Advisory Team should take into account factors related to cost. This will result in more realistic recommendations and perhaps make them

### Increasing Public Awareness

While most people living in high-HIV/AIDS-incidence countries have been directly or indirectly involved with supporting vulnerable children, an understanding of the situation from the child's perspective may not be widely known or understood. In fact, many adults may believe that children will get over their losses with minimal assistance. This belief prevents adults from understanding the causes, for example, of a child's deviant or spiteful behavior. Communications planners can guide a participatory process that uses data from the analysis to influence changes in attitudes and norms regarding the care of vulnerable children.

<sup>1</sup> PHNI. 2004. *Conducting a Situation Analysis of Orphans and Vulnerable Children Affected by HIV/AIDS: A Framework and Resource Guide*.

more appealing to other stakeholders. Critical factors in costing are existing resources that can be readily tapped, such as technical, financial, goods and services, and human resources. It is important to stress the need for adequate human resources or country capacity for the success and effectiveness of a recommended activity. While most people find it easy to attribute inaction to lack of material resources, goods, or funding, many are often reluctant to acknowledge that inaction is due to lack of specific expertise, inappropriate skills, or even lack of motivation and commitment.

The following general steps can be followed to estimate the cost of implementing interventions for OVC on a large or national scale. It is also helpful to consider how or if the situation analysis report can address the information needed to guide these steps:

- Step 1. Establish size of target groups
- Step 2. Define current and future coverage for interventions
- Step 3. Consider existing implementation constraints
- Step 4. Estimate costs
- Step 5. Assess extent of available resources
- Step 6. Determine if or what additional resources will be needed and possible sources

## Monitoring and Evaluation

A strategic action plan will require monitoring structures and systems to track progress over time, and the situation

analysis findings can be instrumental in such a plan. Data items can be used to establish program indicators, and with appropriate sampling frameworks, the results can serve as a baseline for periodic monitoring of the indicators. Advisory Team members can help facilitate a review of the information collected to determine what is most useful and how it could be gathered on a regular basis to show trends. For example, certain indicator statistics could be compiled and distributed periodically to policymakers and service providers. This would be especially relevant when addressing a country's response to UNGASS for OVC. As noted in Chapter One, the situation analysis can be used to address UNGASS indicators based on the domains in the following table.

As the epidemic evolves and new responses are initiated or as other significant developments arise, it is useful to examine the data collection instruments for needed modifications and additions. It is important to consider how the situation analysis can be part of an ongoing national or sub-national monitoring and evaluation strategy.

**Cautionary note: A situation analysis of orphans and vulnerable children is not the same as conducting program monitoring and evaluation.** The broad nature of an analysis means that it is not applicable for tracking the specific indicators needed for monitoring and evaluating programmatic activities. For example, a situation analysis conducted in 1999 and again in 2003 may show that more orphans are attending school. Most likely the combination of many programmatic activities and even national policies influenced this change. Programs can be encouraged by the

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### Core National-Level Indicators<sup>2</sup>

Domain	Indicator
Policies and strategies	Policy and strategy index reflecting the progress and quality of national policies and strategies for support, protection, and care of OVC
Education	School attendance ratio of orphans as compared to non-orphans
Health	Healthcare access ratio of orphans as compared to non-orphans
Nutrition	Malnutrition ratio of orphans as compared to non-orphans
Psychosocial support	Proportion of OVC that receive appropriate psychosocial support
Family capacity	Proportion of children that have three locally defined basic needs met
Community capacity	Proportion of households with orphans and vulnerable children that receive free basic external support in caring for children
Resources	Government expenditure per child on orphans and vulnerable children
Protection	Percent of children whose births are registered Percent of widows that have experienced property dispossession
Institutional care and shelter	Proportion of children who are living on the street or in institutional care

<sup>2</sup> UNICEF. Forthcoming. *Guide to Monitoring and Evaluation of the National Response for Children Orphaned and Made Vulnerable by HIV/AIDS*.

findings of a national or sub-national situation analysis, but they cannot claim that the findings indicate success (or failure) of specific program activities. A forthcoming publication by Family Health International will cover specifics of OVC program monitoring and evaluation.

### *Policy and Regulatory Framework*

Many existing child protection laws are fragmented and outdated, and the effects of HIV/AIDS have made many of these laws even less relevant. Changing policies and laws is not easy; it is a long-term process that can be initiated or accelerated based on situation analysis findings. Formulation and revision of policies and laws should fully consider the challenges faced by people living with HIV/AIDS and their families. Situation analysis findings can inform the process by providing quantitative and qualitative data on key issues such as property-grabbing and inheritance practices, birth registration, child abuse, legal support, education access, health and nutrition status, and service provision. For example, if the law allows widows to inherit property, the findings can indicate whether or not the law is being respected or enforced. The data may reinforce and validate the need for an education-for-all policy, thereby increasing opportunities for orphans and vulnerable children to stay in school. The lack of communication regarding a parent's cause of death often indicates stigma associated with HIV/AIDS. Analysis findings in this area can fuel a movement toward antidiscrimination laws, or if laws exist, can prompt increased awareness and enforcement. It is helpful to have a person with policy or legal expertise review the data collection instruments for relevant areas of inquiry that can be further analyzed.

## **II. Informing Programs**

A national response to the situation of OVC is a collective action undertaken at all levels (i.e., household, village, district, region, and country). The situation analysis report reflects how this collective action is affecting or not affecting the lives of OVC. No one program can claim success or failure based on the findings of a situation analysis as presented in this Guide. However, specific findings from a situation analysis may prove helpful for improving actions undertaken by programs. Following are a few illustrative examples of how analysis findings may inform programs.

### *Supporting Community Mobilization*

***“Ubuntu—I am only a person through other people—so that my individual well-being is only achieved through the well-being of the community.”***

—South African tribal term

The situation analysis may reveal that few respondents report receiving support such as direct food assistance and/or financial assistance for food, and even fewer may report that they have received financial assistance for medical care and education. Moreover, the primary means of support may be reported to be the church, friends, or relatives. And hardly any respondents may report receiving support from formal organizations. Such findings would indicate that despite the collective efforts of various organizations, institutions, and government structures community members themselves are still at the forefront of caring for one another. This finding, coupled with the stress on households due to the death and illness of guardians, intensifies the need for increased community mobilization and ongoing support to strengthen and sustain social safety nets, community assets, and the well-being of OVC and their families.

Strengthening the capacity of communities to fill the widening gaps in the safety net traditionally provided by the extended family is the most efficient, cost-effective, and sustainable way to assist OVC. Families and communities play a crucial role in identifying children who are most in need, both those affected by AIDS and vulnerable children (e.g., orphans due to causes other than

### **Fortifying the Response to HIV/AIDS-Affected Children**

Results from a situation analysis can be used to plan an effective response for engaging politicians, religious leaders, and the business community in efforts to meet the needs of OVC. Data, if used effectively, can secure political commitment to minimize the impact of HIV/AIDS on children and their caregivers. Situation analysis findings can be used in the following ways to attract needed attention to the issues of vulnerable children:

- Offer verifiable information on the level of psychosocial well-being of vulnerable children
- Offer verifiable information on the scope and scale of care given to vulnerable children
- Identify links between psychosocial well-being and HIV/AIDS risk-taking behavior
- Suggest potential gaps in mitigation efforts so responses can be better targeted
- Inform strategies and funding for a national response to OVC



AIDS, children living in extreme poverty, street children). Community members know best how to identify these children and prioritize their needs, and community mobilization and capacity-building can increase community members' ability to improve the lives of vulnerable children and their families. The community mobilization process also increases community responsibility and ownership of responsibility for improving the well-being of children and ensuring that the children most in need receive proper attention.

Mobilization can occur by strengthening traditional visiting practices (e.g., by women's church groups) to include visiting HIV/AIDS-vulnerable households to provide respite care and emotional support. If caregivers interviewed in a situation analysis stated that football, other sports, and physical activities are the most common ways that children have fun, this recognition is important in the mobilization process. Such findings can be used to encourage communities to conduct recreation, art, cultural, and sports activities that promote social interaction, provide a physical outlet for pent-up emotions, promote mutual support and cohesiveness, and help children keep their spirits up. Such activities may further reinforce how community actions and commitment make a difference in the lives of orphans and vulnerable children.

When facilitating mobilization in response to the situation analysis findings, one should offer specific examples of how the data can be used to inform decisions on programming for vulnerable children and their families. Following are a few illustrative examples of how analysis findings can guide improvements in programs and services.

### *Improving Food Security*

Meals are a good measure of a child's health status as food can be considered in terms of its nutritional value/quality. Situation analysis participants may indicate a limited amount of food intake and some participants may not have any meals regularly, indicating food deprivation. The quality of meals may also be an issue (e.g., high vegetable intake could undermine a child's nutritional status). Home-based care providers can inform families about the nutritional benefits of certain foods. Community gardens can be established for vulnerable families. Improved linkages with various types of food aid can improve targeting of this assistance and decrease the negative effects of food aid (e.g., declines in community food production).

### *Enhancing Emotional Well-Being*

Data may reveal that a large number of children feel unhappy sometimes or often. Many of these children may have scary dreams, may worry, and/or prefer to be alone. There may be only a few children who feel hopeful. Such tendencies are signs of psychological stress or emotional instability. Families taking care of OVC or teachers who spend considerable time with OVC can be trained to recognize and understand these signs, enabling them to provide assistance or guidance to the children. Counseling in guardian-child communications and basic psychosocial training for teachers are options. Members of community orphans committees could help oversee the counseling and training.

Faith-based organizations or groups are other venues for helping to improve the well-being of vulnerable children and their families. The data may show that some children look forward to going to church as something that makes them happy. Faith and belief may affect how they cope with loss and life in general. The data also may reveal that the church is the most frequent provider of assistance to HIV/AIDS-affected families. Churches and other faith-based organizations may be in one of the best positions to provide direct support (e.g., making home visits focused on much-needed spiritual and psychological support). Church members and affiliates often include individuals with expertise in the health field as well as influential community members or gatekeepers who can advance needed actions for vulnerable children and their caregivers.

### *Strengthening Economic Coping Strategies*

Situation analysis data may indicate that some families engage in piecework, depend on informal borrowing, ask relatives for assistance, exchange sex for material goods or money, and engage in petty vending as coping strategies. These findings underscore a need for intensive efforts to strengthen the economic security and stability of HIV/AIDS-affected households. The findings can show how financial coping strategies vary by household type (e.g., male-, female-, or child-headed), and what other conditions affect coping strategies (e.g., geography, level of caregiver education, age of caregiver, and income levels and sources). Such information is needed to guide the design and implementation of relevant programs.



## Glossary of Terms

**Advocacy:** Act or process of supporting a cause or proposal.

**Analysis:** Identification of and explanations for patterns of information collected to provide answers to research questions being studied. Emphasizes prediction and testing of relationships between and among variables using statistical processes.

**Analysis of secondary data:** Involves reviewing variables in existing quantitative data sets. For example, one could analyze secondary data to determine if analysis of any of the variables will inform the situation analysis of HIV/AIDS-affected children.

**Assent:** Term used to convey that a child is more likely to “go along” or “comply” with an adult’s request versus giving permission.

**Average** (noun): The sum of all cases divided by the total number of cases. Also called arithmetic mean.

**Baseline information:** Facts and figures collected before an intervention begins.

**Baseline survey:** Structured way of collecting factual information from multiple respondents about the state of a population before an intervention begins.

**Bias:** Factors that may influence, distort, or prejudice the results obtained by a survey.

**Bivariate:** Containing two variables.

**Capacity-building:** To strengthen family and community capacity to deal with problems on an ongoing basis.

**Caretaker or guardian survey:** Survey that seeks to analyze the household situation from the caretakers’ or guardians’ perspectives. Questions cover coping mechanisms, available resources, resource gaps, available safety nets, and perceptions of the orphans and other vulnerable children situation in the family and the community. A health profile tool for each child within the household is part of the questionnaire.

**Case study:** Detailed analysis and description of an event, program, situation, condition, or organization in the context of its environment.

**Categorical variable:** Variable that has discrete options and is generally only measured with whole numbers; that is, there are no fractions. (e.g., sex, level of education, number of children, used a condom at last sex).

**Checklist:** List that enumerates key features of a setting or process that users can check off during observations.

**Chi-square:** Statistic that is a sum of terms, each of which is a quotient obtained by dividing the square of the difference between the observed and theoretical values of a quantity by the theoretical value.

**Cleaning** (data): To “clean” a data file is to check for wild codes and inconsistent responses; to verify that the file has the correct and expected number of records, cases, and cards per case; and to correct errors found.

**Closed-ended question:** Question that has a limited number of mutually exclusive responses from which the respondent must choose.

**Cluster sampling:** Method for approximating a random sample by aggregating individuals in larger units of observation that occur naturally (e.g., classrooms, schools, health facilities, youth groups), taking a random sample of the larger units (clusters), and then observing all or a sample of the individuals within the sampled clusters.

**Coding:** Analysis step involving the use of words or parts of words to flag ideas discovered in the transcript. This can make analysis of a large data file easier and more accurate.

**Community-based facilitators:** Provide entry point guidance to field teams and help map sites for data collection.

**Community mobilization:** Process of organizing and empowering community members to identify problems and resources, facilitate discussion and planning, and take action to change their circumstances.

**Confidence interval:** Range in which one can be assured, reasonably certain, or confident that the proportion of people responding to a given question accurately reflects the situation.

**Confidentiality:** Agreement between client and provider that all conversations will be kept private unless the client gives explicit permission.

**Consent process:** Process of obtaining voluntary and non-coercive agreement from potential study participants to participate in the study.

**Coping mechanism:** Internal or societal approach (e.g., reaching out to a trusted adult for comfort and emotional support, sending an orphan to live with extended family) used to deal with and attempt to overcome problems and difficulties.

**Continuous variable:** Variable that does not contain any gaps between observations, and that, therefore, can include fractions and decimals (e.g., age and height).

**Cross-tabulation:** Way of presenting, in a table, two or more variables (e.g., education level completed by out-of-school youth by gender).

**Cumulative percentage taxonomy:** Taxonomy in which many quantitatively measured characters are given equal weight in the determination of taxa and the construction of diagrams indicating systematic relationships.

**Data:** Facts in information collected for a special purpose.

**Data analyst:** One who analyzes data and helps identify and interpret significant findings.

**Data collection instruments/methods:** Tools used to collect information; process through which one collects data or information.

**Data collection site:** Location of the population from whom data are being collected.

**Data collection tool:** Instrument used to record the information gathered through a particular method.

**Data entry:** Process of entering data into a computer program prior to analysis.

**Data entry staff:** those who enter and secure data.

**Data management plan:** Thorough plan that informs budgeting and includes specifics on entering, cleaning, analyzing, disseminating, and ultimate use of data.

**Data reduction:** Analysis step that involves distilling the information to make visible the most essential concepts and relationships.

**Demographic survey:** Instrument that examines and measures a population according to a variety of characteristics (e.g., age, sex, birth and death rates, and marital status).

**Demographic variable:** Variable whose value is a statistical characteristic of human populations (e.g., sex, age, residence, or orphan status).

**Dependency Ratio (DR):** Proportion of dependents

(i.e., number of children age 0 to 14 years + number of elderly persons age 60 years and over) to the working age population (i.e., number of persons ages 15 to 59 years) times 100. This formula is used in less developed countries because the proportion of those age 65 and over is very small.

**Dependent variable:** Mathematical variable whose value is determined by that of one or more other variables in a function.

**Descriptive analysis:** Analysis of the general characteristics of a set of data through the use of descriptive statistics.

**Descriptive statistics:** Measures such as frequencies, counts, averages, and percentages.

**Diagram:** Visual presentation or drawing that outlines a process or shows the features of an object.

**Direct observation:** Observing a person or situation directly as opposed to obtaining information about that person or situation from a secondary source.

**Displaying data:** Analysis step that involves laying out or taking an inventory of what is known related to a theme.

**Dissemination:** Spreading or dispersing information.

**Double orphan:** Child under age 15 whose mother and father have both died.

**Economic coercion:** When participants are coerced to participate in an activity that they might not otherwise consider because the offered incentive to do so is too enticing.

**Epidemic:** Outbreak of a disease affecting or tending to affect a disproportionately large number of individuals within a population, community, or region at the same time.

**Essential services:** Basic services that are necessary for survival (e.g., food, clean water, basic health care).

**Ethics:** Legal, moral, and philosophical principles of conduct governing an individual or group.

**Evaluation:** Process that measures whether program outcomes were achieved and determines what impact the program had on the target population.

**Executive summary:** Section, usually at the beginning, of a report that presents a concise overview of the most important and useful findings.

**Extended family:** Relatives who are not part of the

nuclear family, including grandparents, aunts, uncles, cousins, and in-laws.

**Field notes:** Formal and informal records of a data collector's observations, thoughts, and conversations during data collection.

**Field site:** Location of a program or activity (e.g., school, clinic or community).

**Field supervisor:** Manages quality control of data collection and oversees day-to-day work across the data collection sites. Also provides overall guidance to the team leaders as well as interviewers in the effective implementation of data collection.

**Field team leader:** Oversees several interviewing teams in a particular data collection site and ensures quality performance of interviewers.

**Focus group:** Group of people from the target population or stakeholders for the issue under study. Focus groups are a means of gathering targeted information through open-ended questioning of a group of people.

**Focus group discussion:** Data collection method that identifies issues, terms, and interpretations from a group of individuals with similar characteristics.

**Food security:** Security of a household's access to a consistent source of food.

**Frequency:** Univariate (single variable) measure used to summarize a number of observations (e.g., the education level completed by out-of-school youth).

**Frequency distribution:** Arrangement of statistical data that shows the frequency of occurrence of the values of a variable.

**Graph:** Presentation of data that shows characteristics on a horizontal and vertical axis.

**Head of household unit or guardian:** The husband in a household that is composed of a husband and wife. In a household where a husband does not regularly live or in a household where the husband and/or wife is deceased, the head of household is the individual with decision-making and/or financial management responsibilities. Includes child-headed households.

**Household:** Group of people who share the same space to sleep and share common meals; also where there is caring for children below the age of 18. A person living alone, or a group of unrelated people sharing the same space to sleep and eat, such as partners or roomers, is also a household. Note: several households can exist under one roof.

**Household inventory:** Itemized list of current assets or property of a household.

**Household survey:** Data collection that is conducted by going from household to household in order to recruit participants for the study.

**Incidence:** Rate of occurrence of something in a population.

**Inconsistent data:** Responses to one question that are not consistent with responses to other similar questions.

**In-depth interview:** Typically an exchange between one interviewer and one respondent. The objective is to gain perspectives, reflections, and observations from persons who have special knowledge, status, or access to information that would not be available to the interviewer by other means.

**Indicator:** Indicator provides evidence that a certain condition exists or certain results have or have not been achieved. Indicators enable decision-makers to assess progress toward achievement of intended outputs, outcomes, goals, and objectives.

**Influential audience:** Audience (e.g., government ministers) who have the capability to act on the findings and recommendations of a situation analysis.

**Informed consent:** Permission obtained from individuals participating in an interview before the interview is conducted.

**Interpretation:** Analysis step that involves identifying and explaining the core meaning of the data.

**Interval variable:** Type of continuous variable whose value does not have a meaningful "zero" equivalent (e.g., temperature and IQ scores).

**Interview:** Intensive, often one-to-one exchange or meeting at which information is obtained from a person. Group interviews, such as focus group discussions, involve the interviewer gathering information from more than one person.

**Interviewer and moderator:** Individual who is trained to collect qualitative and quantitative data through interviews or discussion groups.

**Key informant:** Respondent who has special knowledge, status, or access to observations that are important to the program and who is willing to share his or her knowledge and skills.

**Level of significance:** Probability with which one wants to be certain that the magnitude of change did not occur by chance.



**Literature review:** Account of what has been published on a topic by accredited scholars and researchers.

**Mapping:** Structured activity in which individuals or groups make a graphic representation of either a part or the whole of their residential, work, or social environment. Normally a mapping activity focuses on identifying the locations of services or target groups and placing those locations on a map of the area of interest.

**Maternal orphan:** Child under age 18 whose natural mother has died.

**Matrices:** Rectangular array of mathematical elements (as the coefficients of simultaneous linear equations) that can be combined to form sums and products with similar arrays having an appropriate number of rows and columns.

**Maximum:** Highest value or number in a set.

**Mean:** Mathematical average of a series of numbers (the sum of all scores divided by the total number of cases).

**Measure:** To examine the extent or quantity of something by comparing it with a fixed unit or object of known size.

**Measurement bias:** Bias that arises when survey forms are not clear (e.g., when the meaning of a question in the local language is open to different interpretations).

**Median:** Middle of a distribution (i.e., half of the scores are above the median and half are below the median). For example, in the set {3, 4, 5, 9, 10}, 5 is the median. When there is an even number of items in a set, the median is the mean of the two middle numbers. Thus, the median of the numbers 2, 4, 7, 12 is  $(4+7)/2 = 5.5$ .

**Method:** Scientific design or approach used in an analysis.

**Methodology:** Particular procedure or set of procedures.

**Minimum:** Lowest value or number in a set.

**Mitigation:** To change the factors influencing problems to make it easier for those affected to cope.

**Mobilization:** Act of putting into movement or circulation.

**Mode:** Most frequently occurring number in a set.

**Monitoring:** Systematic and continuous following, or keeping track, of activities to ensure that they are proceeding according to plan. Also the routine process of collecting data and measuring progress toward program objectives.

**Multisectoral support:** Support from many different sectors of the community (e.g., government officials and community leaders).

**Multivariate:** Containing more than two variables.

**Nominal group technique:** Process for gaining consensus about issues among a group of people. It moves between individual and group decision-making, allowing each participant to voice his or her opinion before the group discussion begins.

**Nominal variable:** Type of categorical variable whose order is arbitrary (e.g., orphans and other vulnerable children status: 1 = maternal orphans, 2 = paternal orphans, 3 = double orphans).

**Non-authorized access:** Access to material or data without permission from the appropriate authorities.

**Non-probability method:** Process of choosing samples by convenience sampling, quota sampling, and snowball sampling rather than by random chance.

**Observation techniques:** Systematic evaluation methods for observing people, events, and/or their contexts.

**Obvious observation:** Type of direct observation where the person being observed is aware that someone is purposely watching him or her to take note of his or her behavior.

**Open-ended interviewing:** Style of interviewing that uses open-ended questions and allows participants to express their underlying thoughts, issues, and concerns. These kinds of questions often help to answer the question “why did something occur.”

**Ordinal variable:** Type of categorical variable whose order is not arbitrary (e.g., level of education: 0 = no education, 1 = primary, 3 = secondary).

**Open-ended question:** Query that allows respondents to answer in whatever way they wish, without determined response categories. This kind of question often helps to answer the question “why did something occur.”

**Orphans:** Children 18 years or younger who have lost either their mother or father or both.

**P-value:** Probability that some result has been seen as a result of chance alone. A probability must have a value ranging from 0 to 1. If the P-value is small, it is unlikely that the difference was caused by chance alone.

**Participant:** Individual who takes part in a service, program, or activity.

**Paternal orphan:** Child under age 18 whose natural father has died.

**Percentage:** Number of people with a particular characteristic in a group divided by the total number in the group and multiplied by 100.

**Pie chart:** Circular chart used to show the relative sizes of different parts of a whole in relation to one another.

**Population census:** Complete count or enumeration of the population of a country or other geographical region, usually undertaken every 10 years.

**Prevention:** Act of blocking factors that are causing problems.

**Primary caregiver:** Person living in a household who spends the most amount of time caring, without being paid, for the welfare of children in the household.

**Probability:** Likelihood that an event will occur.

**Probability sample:** Sample where every person in the defined universe may be selected into the sample, with a known (non-zero) and equal probability.

**Probability sampling method:** Type of sampling method that is based on probability theory, a mathematical concept that refers to the ability to predict the statistical likelihood that a random event will occur.

**Probing:** When an interviewer encourages a respondent to produce more information on a particular topic without injecting the interviewer's own ideas into the discussion.

**Protocol:** Detailed plan of a scientific or medical experiment, treatment, or procedure.

**Psychosocial:** Involving both psychological and social aspects.

**Psychosocial support:** Support that involves gaining critical insights into a child's well-being and development.

**Psychosocial support person (PSSP):** One who provides emotional support and referrals to survey and focus group participants.

**Qualitative data:** Non-numeric data or indicators that are expressed in words.

**Qualitative methodology:** Set of procedures used to collect qualitative data, such as focus group discussions, body mapping, and free-listing. Designed to gain an understanding of the broader psychological, social, political, or economic contexts in which analysis questions are situated.

**Quantitative:** Measured by or concerned with amount or quantity, and expressed in numbers or quantities.

**Questionnaire:** Group of written or printed questions used to obtain information from individuals or groups.

**Questionnaires for vulnerable children:**

Questionnaires contained in this guide that aim to provide numerical data on factors contributing to the well-being of children in two age groups: 6- to 12-year-olds and 13- to 18-year-olds. Specific factors addressed by these questionnaires include: health, housing, relationships with caregivers, education, psychological or emotional well-being, and coping mechanisms. Also covered are risk behaviors relating to HIV/AIDS, perceptions of HIV, and perceptions of the situation of orphans and vulnerable children in their geographic area.

**Random:** Having the same probability of occurring as every other member of a set.

**Random assignment:** Process of assigning persons, facilities, or communities to either the treatment or control group at random (e.g., by flipping a coin or drawing numbers).

**Random sample:** Selection of members of a population (or other items) in such a way that everyone (or everything) has an equal chance of being included. This reduces potential bias.

**Range:** Difference between the maximum and minimum of a set of numbers.

**Rapid analysis:** Quick, less thorough analysis that is viewed as an option for reducing the costs of information gathering and making data available quickly for program design, implementation, and evaluation. This technique is useful as an indicative "early warning" tool for quick identification of local problems and possible solutions. The low precision of rapid analysis findings make them less valid and reliable statistical estimates on the scale and scope of the situation of HIV/AIDS-affected children.

**Ratio:** Relationship in quantity, amount, or size between two or more things.

**Ratio scale:** Type of continuous variable where values have a meaningful “zero” equivalent (e.g., weight and height).

**Raw data:** Data that are not polished, finished, or in a processed form (e.g., interview transcripts, quantitative survey data before being cleaned for analysis).

**Reading:** Analysis step referring to reading and re-reading each set of notes or transcripts until one is intimately familiar with the content.

**Referral services:** Services that can refer individuals to appropriate places for care.

**Refusal bias:** Bias that arises when those who refuse to participate in a survey have different behaviors than those who agree to participate.

**Reliability:** Extent to which scores obtained on a measure are reproducible in repeated administrations (providing all relevant measurement conditions are the same).

**Relief:** To provide direct assistance to affected individuals and families to meet urgent needs.

**Representative** (adjective): Extent to which collected data accurately describe the target population for a program.

**Response code:** Code given to the individual responses that a participant can choose from when completing a questionnaire, survey, and such.

**Result:** Consequence or conclusion of a project.

**Sample:** Part of the population selected to represent the whole population.

**Sample size:** Number of sample elements from which one must collect data for the evaluation findings to be statistically significant.

**Sampling:** Process and techniques of studying part of something to gain information about the whole (e.g., a population).

**Sampling design:** Defines the universe and domains for a survey, the sample size requirements, the number and size of clusters or data collections sites, and other major steps of the sampling strategy.

**Sampling frame:** List of all relevant sample elements that are used to select a sample. Sampling frames should include all elements in the target population.

**Sampling methodology:** Particular procedure or set of procedures followed while sampling.

**School enrollment status:** Whether or not a child is currently in school at the time of the survey.

**Scope:** Extent of activity undertaken in a monitoring and evaluation effort.

**Secondary data:** Data that are already available through recent surveys, qualitative community research, or administrative reports.

**Secretarial/logistics staff:** Provide administrative support, note-taking during focus group discussions, and transcription of focus group discussions.

**Selection bias:** Bias that arises when the behaviors (or characteristics) of individuals who actually participate in a survey are not representative of the characteristics of the population as a whole.

**Semi-structured interview tools:** Tools that contain some structure but use open-ended questions to facilitate discussion.

**Significance:** Determination that differences observed in data, however small or large, were not due to chance.

**Simple random sampling:** Type of sampling method where elements are chosen at random so that each element has an equal chance of selection.

**Site visit:** Pre-arranged visit by supervisors or evaluators to program locations, usually to conduct monitoring or process evaluation.

**Situation analysis:** Analysis that provides a contextual overview of a particular condition at a given point in time. A situation analysis can be implemented nationally, regionally, or in specific geographic areas. It is a process of gathering, analyzing, and using information to guide planning and mobilize action.

**Situation Analysis Advisory Team:** Team to guide the situation analysis process and ensure that its results are used to improve activities for orphans and vulnerable children.

**Situation Analysis Manager:** One who oversees the “big picture” and quality control of the situation analysis.

**Skip and filter instructions:** Instructions used to determine the response set flow (or response set order) of a questionnaire. Skip and filter instructions, respectively, determine (based on the specified criteria, such as a respondent’s answer to a previous response set) where the next response set in the questionnaire is located and whether a particular response set should be asked.

**Social desirability bias:** Bias that arises when a survey participant decides to say what is socially acceptable or agreeable to the interviewer when questioned about certain, usually sensitive, issues.

**Sociodemographic:** Pertaining to characteristics of an individual's, group's, or population's gender, age, education, income or economic status, place of residence, marital status, ethnicity, and employment.

**Socioeconomic:** Of, relating to, or involving a combination of social and economic factors.

**Stakeholders:** Persons outside the immediate program staff who have an interest and role in program functions and activities.

**Standardized interviews:** Interviews that follow a set format and contain standardized questions. Technique often used when data are to be compared or when looking for patterns.

**Standardized question:** Question for which a closed or limited set of responses is possible.

**Standardized survey:** Survey in which the questions, format, and administration methods do not change. The advantage of a standardized survey is that it has been well researched, and is known to assess characteristics related to individual, organizational, or program effectiveness. In addition, a standardized survey may contain data that have been collected from multiple sources, which allows for normative comparisons. A standardized survey typically covers topics that are of interest to most organizations, such as job satisfaction, perceptions of on-the-job safety, or trust in senior management.

**Statistical confidence:** Confidence one has of statistical significance after calculating confidence intervals around the variable.

**Statistical significance:** Determination that experimental results are not likely to be due to chance, or are not attributable to fluctuations associated with random sampling procedures.

**Statistics:** Numerical facts that are systematically collected, organized, and presented in a special way.

**Survey:** Instrument that collects factual information from multiple respondents.

**Survey instrument:** Tool (e.g., surveys and questionnaires) that aids in conducting a thorough survey of a population.

**Survey method:** Techniques or procedure used to obtain information, often about a human population.

**Survey and questionnaire:** Systematic interviews of either the entire population or a representative sample of the population that can be generalized to produce quantitative information about the target population. Questionnaires contain standardized questions for which a closed or limited set of responses is possible.

**Systematic sampling:** Type of sampling method in which the first element is chosen at random. Subsequent elements are chosen using a fixed interval (e.g., every 10th element) until one reaches the desired sample size.

**t-test:** Statistical test involving confidence limits for the random variable  $t$  of a  $t$  distribution. Used especially in testing hypotheses about means of normal distributions when the standard deviations are unknown.

**Table:** Graphic presentation of facts and numbers in an orderly fashion, usually in columns and rows, so that they can be more easily understood.

**Technical Lead:** One who oversees data collection, analysis, and preliminary reporting of findings of a situation analysis.

**Total orphans:** Total number of all children under age 18 whose natural mothers, fathers, or both, have died.

**Transcribe:** Write out verbatim a tape-recorded conversation.

**Transcript:** Verbatim written record of what was said; for example, between an interviewer and respondents during a focus group discussion or interview.

**Triangulation of data:** Process of bringing different types of data together to build a more dimensional description of an analysis finding.

**Understate:** Represent as less than is the case.

**Unobtrusive observation:** Type of observation in which the person being observed is not aware that they are being watched for the purpose of collecting data on their behavior.

**Validate:** Support or corroborate on a sound or authoritative basis.

**Validity:** Ability of a study design to measure the "true" impact of a program or intervention.

**Variable:** Aspect of a person, population, or behavior that can be measured or recorded (e.g., age or food intake).

**Vulnerable child:** Child who is at risk or whose well-being is significantly jeopardized due to a terminally ill parent, high level of poverty, abandonment, displacement, or institutionalization, or who is living in a household with orphaned children. Also, children living with HIV and those who are less than 5 years of age born to a mother with HIV.

**Work plan:** Detailed outline of what activities will take place in order to achieve specified outcomes and objectives.

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## Appendix B: Criteria Used To Select Psychosocial Support Persons

### Criteria Used to Select Psychosocial Support Persons

(Family Health International/Zambia and the SCOPE Project)

Psychosocial support persons (PSSPs) who accompany survey interviewers and focus group discussion moderators must have certain characteristics and capabilities. Following are guidelines to consider when selecting PSSPs.

Potential PSSPs should have the following characteristics:

- Comfortable relating to and interacting with children
- Committed to respecting and observing children's rights
- Have the welfare of children at heart
- Ability to speak English and the local language
- Ability to talk to children in simple and age-appropriate language
- Open-minded; that is, willing to reflect on one's own beliefs, attitudes, and approach to life and willing to modify them when necessary for one's growth
- Perceptive of children's experiences
- Able and willing to develop self-awareness
- Ability to challenge harmful traditional approaches to children
- Have a minimum grade 12 education
- Have experience with psychosocial counseling and/or have worked with children, especially orphans and vulnerable children (e.g., Sunday school teacher, leader of youth group in a church, school teacher)

Potential PSSPs should be able to answer the following questions readily and explain their answers:

- How did you develop an interest in helping children?
- What is the situation of orphans in your neighborhood?
- Can you explain what the word "psychosocial" means?
- What is your current job/activity?
- Are you involved in any groups or activities in your country? If yes, which ones? (If the person is unemployed, is he or she involved in volunteer activities?)
- What are your strengths as a helper? What are your strengths in working with children?
- What difficulties do you foresee either in your own personality (make-up/nature) or in your circumstances if you start working with orphans?
- Can you give examples where you have helped either your own child/sibling or another child who has had a problem, other than financial or material help?
- Can you give one example where you found it difficult to help a child?
- Do you know anything about children's rights?
- Do you have experience with orphans, either in your family or in another situation? Explain briefly.
- If a child comes to you crying, what would you do?





## Appendix C: Example Protocol

### Example Protocol for Responding to Signs of Distress in a Child During an Interview

#### *Example Protocol for Responding to Signs of Distress in Child During an Interview*

(Family Health International/Zambia and the SCOPE Project)

The following protocol was used when interviewing children using the quantitative questionnaires contained in this Guide (see Appendix F). A significant feature of this protocol is the restrictions placed on the psychosocial support person's (PSSP) ability to follow up or undertake an intervention with the child. Safeguarding the confidentiality of the participants was a top priority and, therefore, limited the referral actions involving the PSSP.

It is recommended that the data collection teams collaborate with the PSSPs and community advisors to develop a protocol for interviewing children that addresses the specific data collection circumstances. The principle of putting the best interests of the child first (and doing no harm) should guide the protocol development. A key resource to assist in this process is Ethical Guidelines for Gathering Information from Children and Adolescents, which will be available in November 2004 from [www.popcouncil.org/horizons](http://www.popcouncil.org/horizons).

#### *Example Protocol*

During an interview, when a child shows signs of distress, the PSSP should immediately comfort the child and provide emotional support.

From that point on, there are four alternatives for responding to signs of distress in the child during the interview. The PSSP should use his or her discretion as to which alternative to use, but it should be done in consultation with the child. The child might:

- Wish to continue with the interview and discuss what he or she was distressed about at the end of the interview
- Wish to discuss the matter immediately and continue with the interview thereafter
- Wish to reschedule the interview
- Wish to terminate the interview

Whatever the child decides to do, the PSSP should do as the child desires and not make the decision for the child. In addition, the PSSP should thank the child for having given the PSSP a chance to talk with him or her.

Exploring the Child's Feelings and Options (during or after interview)

The PSSP can make comments such as the following to the child to help explore his or her feelings:

- I believe you.
- Tell me how you feel right now.
- Kindly tell me more about what is making you feel this way. What have you done about this?
- Who have you told about this?
- What was the outcome or result?
- What do you think can be done about the situation?

If a child tells you that he or she has been abused, or if during the consultation with the child you confirm that the child has been abused, say the following, "What was done to you was wrong or not right."

#### *Use of Resource List*

After the child has told you what has been done about the problem and what he or she thinks can be done about the situation, continue to explore the available options, following the steps below:

1. Show the child a copy of the resource list.
2. Identify agencies/individuals on the list who might be able to help address the issue/problem.
3. Highlight (e.g., with an asterisk \*) the agencies/individuals that are involved with such issues/problems and/or can provide help.
4. Give the resource list to the child.
5. Ask the child to identify an older, reliable, and appropriate person who could accompany the child to the supporting agency/individual.
6. Encourage the child to visit the support agency/individual identified in Step 3 above and to take the resource list with him or her so that the agency/individual can facilitate the visit for the child.
7. Thank the child and wish him or her the best.

### *Protocol for Long-Term Role of Psychosocial Support Persons in Their Communities*

After the research study has ended, the PSSPs may, in their personal/voluntary capacity, decide to:

1. Work with guardians/families/community/churches/schools or other organizations to enhance the emotional well-being of orphans and vulnerable children.
2. Report abuse cases that have occurred AFTER the research period, using guidelines provided by local community groups (e.g., Young Women's Christian Association).
3. Sensitize the community on issues such as child abuse.

Please ensure that you adhere strictly to these guidelines. Sign below to confirm that you understand the guidelines and that you will adhere to them.

I understand that the guidelines prohibit me from following up a referral with an agency. This is to absolutely ensure confidentiality of the study participants.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

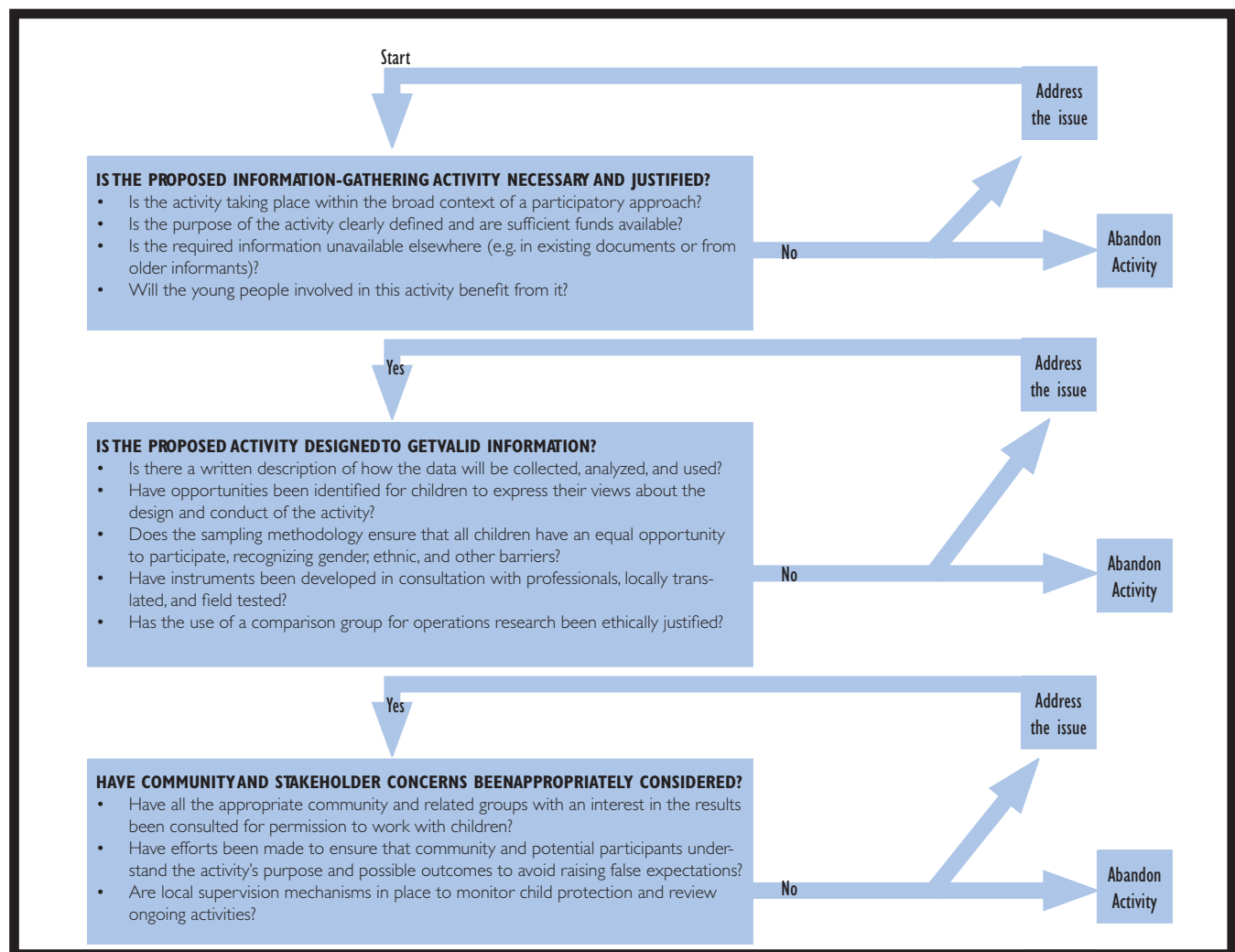
## Appendix D: Ethical Considerations

### Ethical Considerations When Gathering Information from Children and Adolescents

Excerpt from: “Ethical Guidelines for Gathering Information from Children and Adolescents,” forthcoming from [www.pop-council.org/horizons](http://www.pop-council.org/horizons) or contact [horizons@pcdc.org](mailto:horizons@pcdc.org).

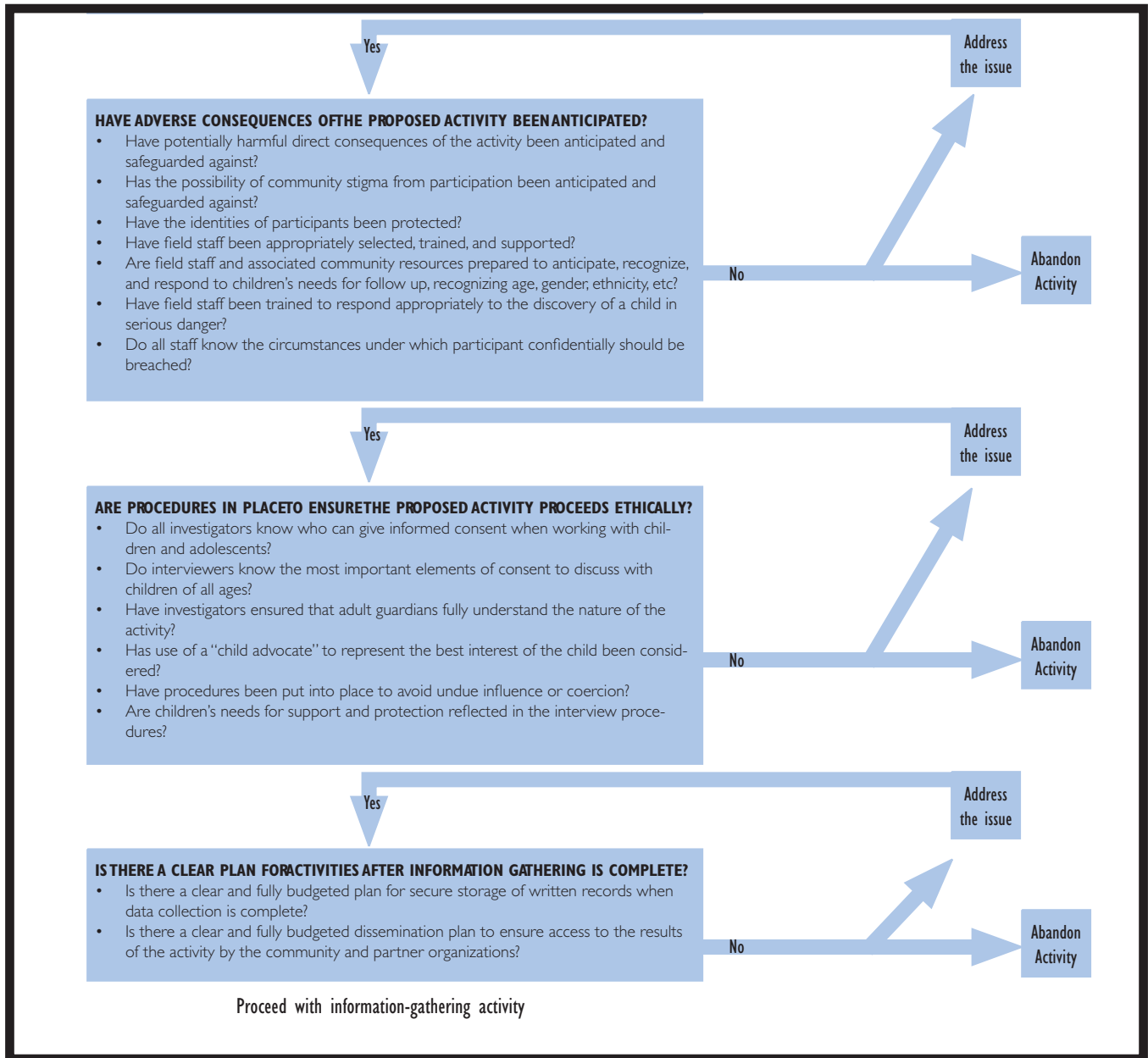
#### Flow Diagram

The following flow diagram summarizes the main points to be considered when planning an activity to gather information from children and adolescents that meets ethical standards:



Turn to next page

Continued from previous page



## Appendix E: Example Organizational Assessment Guide

### Example Organizational Assessment Guide (Orphans and Vulnerable Children)

#### Background of Organization

1. Name of Organization: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Telephone/Fax: \_\_\_\_\_

4. E-Mail: \_\_\_\_\_

5. Date Established: \_\_\_\_\_

6. Identity of Persons Interviewed and Titles: \_\_\_\_\_

7. Type of Organization (check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Nongovernmental organization      | <input type="checkbox"/> Governmental organization        |
| <input type="checkbox"/> Community-based organization      | <input type="checkbox"/> Umbrella organization /coalition |
| <input type="checkbox"/> Faith-based organization          | <input type="checkbox"/> Trade union                      |
| <input type="checkbox"/> Charitable/religious organization | <input type="checkbox"/> Other (please specify)           |

8. What are the objectives of your organization?

---

9. Does your organization's work relate to children in need and/or orphans? Yes \_\_\_\_ No \_\_\_\_

10. Is your organization registered with:

☐ Local Government ☐ State Government ☐ Corporate Affairs Commission ☐ Donor ☐ Other

11. If "Yes," list donors registered with: \_\_\_\_\_

12. Does your organization have a constitution?

☐ Yes (request a copy) ☐ No

13. If "No," does your organization plan to develop a constitution?

☐ Yes ☐ No

14. Does your organization have a board of governors/trustees?

☐ Board of Governors ☐ Board of Trustees

15. Are youth included on the board of governors/trustees?

☐ Board of Governors ☐ Board of Trustees

16. Are PLWHA included on the board of governors/trustees?

☐ Board of Governors ☐ Board of Trustees



17. List the members of the board(s) and their positions (specify how many are youth and/or PLWHA)

Name of Board Member

Position on Board


18. How often does the board of governors/trustees meet?

( ) Monthly ( ) Bi-monthly ( ) Quarterly ( ) Bi-Annually ( ) Annually ( ) As needed

19. When was the last time the board met? \_\_\_\_\_ (Request minutes from last meeting)

20. What is your current staff strength?

--

21. List the organization's staff members, by title, and their activities

Titles of Staff Members	Number of Staff			Background
	Full-Time	Part-Time	Volunteers	

22. What are the organization's sources of funding? Please include any community contributions.

Funding Sources

---

---

---

---

23. What are the organization's catchment area(s)/area(s) served?

24. Are the catchment areas primarily: ( ) urban ( ) peri-urban ( ) rural

### **Focus of Work**

25. What services does your organization provide?

26. Who are the major beneficiaries of these services?

27. Do you think HIV is changing the work that your organization performs? If so, how?

---

---

28. Have you noticed an increase in the need to address the well-being of children in the area or population you are working with? If yes, describe.

---

---

---

29. Is your organization interested in working with children in need/orphans?

30. What type of training have your workers had? Who carried out the training? When was the training performed? What subject did the training cover? Does your organization have a training plan?

---

---

---

---

### **Community Participation**

31. Is there a community advisory board? Or similar type of board?

32. What is its role?

33. Do your organization have a regular mechanism for feeding information to and soliciting feedback from the community where you work? If yes, please describe.

---

---

34. Are none, some, most, or all of the staff members from the local community?

35. Describe how you think your relationship with the community can be enhanced?

---

---

---

[Note to Assessor: Administer questions 36–49 only if organization is currently supporting orphans/ children in need. If not, skip to question 50.]

36. If your organization currently supports orphans/children in need, how does your organization define orphans/children in need?

---

37. Where does this definition come from? How was it developed?

---

38. Are there specific criteria that must be met for children or families to benefit from your services? If so, please explain.

---

---

39. Complete the following table describing all the services you currently provide to orphans/children in need and the number of beneficiaries.

Year	Services	Number of Beneficiaries		
		Female	Male	Total
2002				
2003				
2004				
2005				

### Program Intervention

40. What type of assistance does your organization provide to orphans/children in need?

Categories      Check All That Apply

Food assistance ( )

Nutrition counseling and education ( )

Clothing ( )

School fees ( )

Assistance with other school-related costs (e.g., uniforms and books) ( )

Health care ( )

---

Specific care for children with HIV ( )

Shelter (short-term) ( )

Counseling, psychological, or spiritual assistance to children and family ( )

Home-based care ( )

Other (specify) ( )

41. Does your organization have access to legal services for children and their families under your care?

( ) Yes ( ) No

42. Does your organization operate or support an orphanage?

( ) Yes ( ) No

43. If "Yes," please indicate the age range of children in the orphanage:

Minimum age: \_\_\_\_\_ Maximum age: \_\_\_\_\_

44. What is the total capacity of the orphanage? (i.e., number of children that can be admitted) \_\_\_\_\_

45. How does your organization identify children for admission into the orphanage?

---

46. Does the orphanage admit children whose parents died of AIDS? ( ) Yes ( ) No

47. Do you currently have any children housed by your organization in an orphanage? ( ) Yes ( ) No

48. How long do the children stay in the orphanage, on average? \_\_\_\_\_

49. Where do the children go when they leave the orphanage? \_\_\_\_\_

### **Sustainability/Monitoring and Evaluation**

50. How does your organization monitor/evaluate its activities/programs?

---

51. Which organizations does your organization have linkages with?

---

52. How does the community contribute to your organization's program?

---

53. How has your organization ensured sustainability of its programs?

---

54. What are the lessons learned by your organization from your programming?

---

55. In what areas does your organization require assistance?





## Appendix F: Example In-Depth Interview Guides

### Example In-Depth Interview Guide for Use with Government Officials

This tool is to be administered to Commissioners (with the relevant directors in attendance) of Ministries of Health, Education, Women's Affairs, and Social Development and Ministry of Youth and Sports where they exist in a state. This is only a guide for the interviewer, who may choose to also explore other lines of questioning that lead to a better understanding of what is happening "on the ground," as it relates to government policies and programs related to orphans and vulnerable children. If the directors are not present during the interview with the Hon. Commissioner, these directors should be interviewed separately to help identify specific issues that should be a focus of the assessment.

Name of Respondent \_\_\_\_\_ Ministry and Title \_\_\_\_\_

1. Who in this State is regarded as an orphan? Explore for children's age, dead parent's sex, and so on.
2. Where does the definition of an orphan come from (e.g., national legal definition, developed by state)?
3. Who in the state is regarded as a needy child?
4. How do families in this state provide for the needs of orphans (e.g., parental care, shelter, education, clothing, health care)?
5. How do families in this state provide for the needs of needy children?
6. Has this always been the practice or has it changed? If it has changed, what do you think has caused the change?
7. Do you think HIV/AIDS has affected the situation of orphans and children in need?
8. In what ways has HIV/AIDS affected the situation of orphans and children in need?
9. What other categories of children are in greatest need of support in this state? (e.g., street children, almajiri, area boys and girls, hawkers, child beggars, and child prostitutes). Explore the reasons for each category mentioned.
10. What are the specific policies of the state government regarding children in these categories? Are these written policies? (Request copies where available). Note when policies were enacted.
11. Is there a specific policy for orphans, children affected by AIDS, or needy children? If not, are there plans for one in the future?
12. What efforts and measures are in place to ensure effective implementation and monitoring of existing policies?
13. What programs does your Ministry have in place to support these children? (Explore for the type and location of programs, categories of children, age range of beneficiaries, and criteria for selection). Is there any collaboration with NGOs/charitable organizations?
14. What are the successes of these programs?
15. What are the limitations of these programs?
16. Explore how limitations can be addressed (i.e., adequacy, coverage, and sustainability).
17. What contribution can your Ministry make to address issues affecting orphans and needy children in your state?
18. What assistance would your Ministry need to address issues related to each of these categories of children? Explore specific areas (e.g., planning, technical support, capacity-building, logistics, and funding).

## Example In-Depth Interview Guide for Use with Key Informants (Healthcare Workers)

1. Have you noticed an increase in the number of orphans or needy children for which you are providing care?
2. Describe why you think there is an increase or decrease in the number of children? What do you see that makes you think this?
3. What are the major health problems that orphans or needy children present with?
4. Who is responsible for paying for their clinical care and treatment?
5. Is there a social welfare department in the hospital? Who do they cater to and what is the criterion for eligibility?
6. How do you deal with cases of abandoned babies/motherless babies?
7. Do you see children who you think have parents with HIV? Why do you think the parents might have HIV?
8. Are you aware of strategies for preventing mother-to-child-transmission of HIV/AIDS?
9. Are there policies/practices in the hospital to prevent mother-to-child-transmission? If yes, specify. If no, why?
10. Do you refer orphans and other needy children to other services? Which other services?
11. In what ways can you be involved in providing care and support to orphans and needy children?
12. What assistance would you require to provide care and support to orphans and needy children?
13. What specific training have you had in children's health?
14. Have you ever had training in working with children with HIV/AIDS?
15. Is there anything else you would like to add?

## Example In-Depth Interview Guide for Use with Community/Religious Leaders

1. Who takes care of children who have lost their father or mother in your community? Probe if necessary (e.g., grandparents, relatives, neighbors, community, institutions)
2. Who is described as an orphan in this community? (One or both parents dead? Age of child?)
3. What are the difficulties that orphans face in this community? (clothing, health/medical care, education, shelter, feeding, jobs)
4. Does the extended family provide any kind of care/support for orphans/children in need?  
( ) Yes                      ( ) No
5. If yes, probe for type of support. If no, ask why?
6. Do you suspect that there have been any changes in the extended families' abilities to take care of their relatives' children? Briefly describe.
7. What type of support can orphans get from the community, government, or religious bodies?
8. Do you think the number of orphans in this community has changed in the last two years? Probe for estimated number and direction of change.
9. Where do most orphans live? (e.g., with one surviving parent in the community; with extended family [paternal] members; with extended family [maternal] members; living and fending for themselves; left the community for unknown destination; in an institution, such as orphanage, abandoned children's home; live on the streets)
10. Apart from orphans, which groups of children need support in the community? (e.g., street children, hawkers, beggars, child prostitutes, and child laborers)
11. Is the community doing anything to address their needs? If yes, explain ( e.g., fostering, education, apprenticeship training, free food programs).
12. List the three most important things you would like to be done for orphans and children in need.

## Appendix G: Example Focus Group Discussion Guides

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## Focus Group Discussion Guide for Use with Children Ages 8–12 Years

(*Family Health International/Zambia, 2002*)

### INTRODUCTION:

My name is \_\_\_\_\_ and my colleagues and I are gathering information on orphans and vulnerable children on behalf of FHI and SCOPE. We would like to find out from you various things about the lives of orphans and vulnerable children as well as their parents/guardians. The information you give us will help FHI and SCOPE plan for activities that can improve the lives of orphans and vulnerable children and their caregivers.

### Methodology

A reporter who will also be a psychosocial support person will take notes on the discussion. The discussion will also be tape-recorded by audiocassette.

1. Tell me about your life and your daily routine.\*

- Activities child indulges in (e.g., going to school, playing, errands they run for the family)

2. What do you do when you have a problem?

- Who do you talk to?
- How do you feel when you talk to this person?
- What problems do you have?

3. How did you find out that your parent(s) had died?

- How did you feel when you found out that your parent(s) had died?
- Who would you have preferred to be the source of this information? Why?
- What was discussed with you concerning what would become of you after your parents died?
- How helpful was the discussion? If no discussion took place, what would you have wanted to happen?

4. For those of you whose parent(s)/guardian(s) died after an illness, how did you feel as the illness progressed and when your parent(s)/guardian(s) finally died?

### Probe:

- What helped reduce the pain you were going through?
- What do you do now when you experience this pain?

Do you cry or talk to a friend, caregiver, teacher, neighbor, or priest/pastor/church?

- If this is not effective, what steps do you think others can take to help reduce this pain in you?

5. What items left by your late mother/father/guardian do you have?

### Probe:

- What happened to the items belonging to your late parents/guardians?
- How do you feel about the items you have?
- What among the items left by your late parents/guardians would you have wanted to keep?

6. What still bothers you about your parent(s) dying?

7. For those of you who have moved from where you lived previously, how did you feel about coming to live with your present guardian?

- What could your family, neighbors, or others have done differently for you at the time when you were being moved from your previous home?

8. What sort of situations bring problems between:

- You and your guardian/parents?
- You and your guardian's children?
- You and your siblings?

9. What makes children like you refuse to eat meals?

(Expected answers: My guardian complains about providing food for me; I don't like the food; I am forced to eat the leftovers)

10. What can each of the following do to make you feel loved, accepted, and cared for?

- Your guardian/parents
- Your neighbors
- Members of your community

11. What worries do you have about life? How often do you worry about life?

12. What do you plan to be when you grow up?

Thank you for your participation.

\*Note: Information presented in response to Question 1 is not intended to be used in the analysis. It is asked only to put children at ease.

## Topic Guide for Focus Group Discussion with Adolescents Ages 13–15 Years and 16–18 Years (*Family Health International/Zambia, 2002*)

### INTRODUCTION:

My name is \_\_\_\_\_ and my colleagues and I are gathering information on orphans and vulnerable children on behalf of FHI and SCOPE. We would like to find out from you various things about the lives of orphans and vulnerable children as well as their parents/guardians. The information you give us will help FHI and SCOPE plan for activities to improve the lives of orphans and vulnerable children and their caregivers.

### Methodology

A reporter who will also be a psychosocial support person will take notes on the discussion. The discussion will also be tape-recorded by audiocassette.

1. What is it like to be a young person growing up in Zambia today?

### Probe:

- What are some positive things about being an adolescent today
  - What are some negative things about being an adolescent today
  - How do you feel about life in general?
  - What do you like most about your life?
  - What do you like least about your life?
2. What has changed for you since the death of your parent(s)?
  - How long has it been since your parents died?
  3. What was discussed with you concerning what would become of you after your parents died?
  - How helpful was that discussion?
  - If there was no discussion, what would you have wanted to happen?
  - Which plans were adhered to and which were not?
  4. For those of you whose parents were sick before they died, what did they discuss with you with regard to their health condition?
  - What was the cause of their death(s)?

- What still bothers you about your parent(s)/guardian(s) dying?

5. How did you feel as your parents' illness progressed and then when they finally died?

### Probe:

- What new roles did you have to take up during your mother/father's illness? Who took care of your mother/father during their illness?
  - What helped reduce the pain you were going through?
6. What did you do that made you feel better before your parents died and after they died? (Typical responses include: I visited them in the hospital or wherever they were; I cooked his or her food; I prayed for him or her)
  - What things were there that you wanted to do for your sick parent that you were stopped from doing?
  - If the respondent answers "Nothing," ask "What do you think children can do to make themselves feel better?"
  - What do you do now when you experience this pain? Do you cry or talk to a friend, caregiver, priest/pastor/church elder; seek solace in alcohol; use drugs; have sex?
  - If this is not effective, what steps do you think others can take to help reduce this pain in you?
  - What role did you play in the funeral of your parents? How did you feel about this?
  7. What do you do when you have a problem?
  - Who do you talk to? What problems do you talk about?
  - How do you feel after you have talked to these people?
  8. What do you know about the use of sex, alcohol, or drugs as a means of coping?
  - When do young people like you have sex?
  - Do you ever use condoms when you have sex? How often? If not, why?
  - When do young people your age take drugs?
  9. What items left by your late mother/father/guardian do you have?

### Probe:

- What happened to the items belonging to your late parents/guardians?



- How do you feel about the items you have?
  - What among the items left by your late parents/guardians would you like to have?
10. What causes young people like you to have trouble sleeping? How frequently does this occur?
  11. What is AIDS and how is it transmitted? What is the source of your information?
  12. What role do you see yourself playing in improving your own life and the lives of other orphans and vulnerable children? (Expected answers: supporting each other and caregivers; surveillance of other children in the community for the early identification of vulnerable children)
  13. What are your plans for the future?
- Thank you very much for your participation.

## Topic Guide for Focus Group Discussion with Child Heads of Households

(Family Health International/Zambia, 2002)

### INTRODUCTION:

My name is \_\_\_\_\_ and my colleagues and I are gathering information on orphans and vulnerable children on behalf of FHI and SCOPE. We would like to find out from you various things about the lives of orphans and vulnerable children as well as their parents/guardians. The information you give us will help FHI and SCOPE plan for activities that improve the lives of orphans and vulnerable children and their caregivers.

### Methodology

A reporter who will also be a psychosocial support person will take notes on the discussion. The discussion will also be tape-recorded by audiocassette.

1. How long have you been heads of household?
2. What changes have you experienced in your lives since you became heads of households?
3. What makes you happy about being heads of household?
4. How do you organize the roles within the household?
  - How are duties allocated? How well is this working?
  - How do your siblings help you with running the home?
  - Who else do you receive assistance from?
  - What are you proud of in terms of how you run your household?
5. What is the hardest part of being a head of household?

### Probe:

- Meeting daily needs of the family?

- Getting the compliance of the younger children?
  - Having the necessary skills?
  - Budgeting for the family?
6. What feelings did you experience before and after your parent(s) died?
    - How did you feel when you realized that you were going to become a head of household?
    - What did you do that helped you cope with those feelings?
  7. What preparation did you receive for your role as head of household?
    - What guidance did your parents give before they died? How helpful has this been?
    - If not, what kind of guidance do you wish you would have received?
    - What guidance have you been receiving from anyone else on how to run the household?
  8. What type of training would you need to help you perform your role as head of household more effectively?
  9. What do you do when you feel sad, overwhelmed, and so on?

### Probe:

- Take alcohol and/or drugs to get relief?
  - Seek solace in a boyfriend/girlfriend?
  - What are the issues surrounding sex (e.g., pregnancy, STDs, and HIV/AIDS)?
  - If what you do is not effective, what steps do you think others can take to help reduce this pain in you?
10. How do you view your situation as head of household in terms of how long it will last?
  11. What will your lives be like in 5 years?

Thank you for your participation.

## Topic Guide for Focus Group Discussions with Heads of Households

(*Family Health International/Zambia, 2002*)

### INTRODUCTION:

My name is \_\_\_\_\_ and my colleagues and I are gathering information on orphans and vulnerable children on behalf of FHI and SCOPE. We would like to find out from you various things about the lives of orphans and vulnerable children as well as their parents/guardians. The information you give us will help FHI and SCOPE plan for activities to improve the lives of orphans and vulnerable children and their caregivers.

### Methodology

The reporter will take notes. The discussions will also be tape-recorded to supplement the notes.

### Understanding of Orphans and Vulnerable Children

1. How did families and communities take care of each other, especially children, in need during your grandparents' time? (Examples: Better-off relatives helped support the poorer members of their families by taking in a child or helping out financially; giving a child to a couple that was childless)
2. What has changed regarding care of each other and children? How is it different today?
  - What practices found in your grandparents' time are still in place today?
  - What practices that supported orphans or children in need that are no longer in practice would be helpful if they were revitalized? (Examples: Who took care of orphans in your grandparents' time and are these structures still in place today to take care of them)
3. What changes have you noticed in the well-being of children in the past 5 years?

### Probe:

- Emotional
  - Health
  - Educational
  - Material
4. What do people mean when they say, "AIDS came for

people"? What do you think of this statement?

- What effect do you think HIV/AIDS is having on the well-being of children? (Ask this question only if it was not asked/answered or brought up earlier in the discussion)

### Personal Experience Taking Care of Orphans and Vulnerable Children

5. Tell me about your experiences during the illness and subsequent death of the parent of the child/children you are looking after.
  - How did you cope during this time?
  - What helped you? (Examples: prayer, taking alcohol, talking to friends, talking to the priest/pastor/church elder; going for counseling [quality of service received])
6. How do you perceive yourself as a caregiver (i.e., proficient or not? Why/why not?)
  - If not proficient, what is needed to increase your proficiency?
  - In what ways has taking on extra children impacted your own family? (Examples: I have to bear more costs; the child is draining me emotionally; there isn't enough room in the house for everyone; there are too many misunderstandings between my children and them/between my husband and I).
  - What differences do you experience in looking after boys and girls?
  - What age-related difficulties do you experience in looking after the children you have taken in?
  - In what ways has taking care of extra children helped your family? (Examples: The child helps me with housework/looking after my children; I have someone to keep me company; the child helps my children with their schoolwork; the child's parents left some money/property, which has made my life easier)
  - Under what circumstances would you reject the children you have taken in and ask them to leave your home?
7. How was it decided what would happen to the children once their parents died?
  - What sorts of discussions did you have with the dying parent(s) about the children's future?
  - How were the children involved in these discussions?
  - If the children were not involved, what were your rea-

sons for not involving them?

- What do you think now about that decision?

8. What do the children you have taken in know about the death of their parents?

- What are some reasons that guardians do not tell/inform younger children about the death of their parents?
- What are your thoughts with regard to some children finding out about these deaths through other sources, such as friends or neighbors?
- What would you do if a child were to ask what caused the death of his or her parents, especially if you suspect that the parent died of an AIDS-related illness?

9. What do you discuss with the children in your care about sex, and how do you carry out that discussion?

Care and Support of Orphans and Vulnerable Children

10. Helping children deal with their emotional pain surrounding the death of their parents

- What traditional practices are there to help children deal with their grief when a parent dies?
- What happens to the children during the funeral?

- What do guardians do to alleviate the emotional pain orphans experience soon after the death of a parent and thereafter?

- What are some reasons why some guardians do not spend sufficient time with the children they have taken in?

11. What do you think are the best ways to take care of orphans?

Probe:

- Issues regarding the long-term care, psychosocial support, educational support?
- Who should be responsible for orphans? (immediate or extended family; adoption group; foster care family; institution)

12. Please tell us what the support needs are of people like you who care for and support orphans.

Probe:

- Help with child-care
- Labor support (e.g., help with farming)

Thank you for your time and all the wonderful ideas you shared with us.

## Example Focus Group Discussion Guide for Use with Heads of Households — Orphans and Vulnerable Children

(Family Health International/Zambia, 2001)

### INTRODUCTION:

My name is \_\_\_\_\_ and my colleagues and I are gathering information on orphans and vulnerable children on behalf of SCOPE. We would like to find out from you various things about looking after orphans and vulnerable children. The information you give us will help SCOPE plan for activities to improve the lives of orphans and vulnerable children and their caregivers.

### Methodology

The reporter will take notes. The discussions will also be tape-recorded to supplement the notes.

### Understanding of Orphans and Vulnerable Children

1. How did families and communities take care of each other, especially children in need, during your grandparents' time? (Examples: Better-off relatives helped support the poorer members of their families by taking in a child or helping out financially; giving a child to a couple that was childless)
2. What has changed regarding care of each other and children? How is it different today?

### Probe:

- What practices found in your grandparents' time are still in place?
- What practices that supported orphans or children in need that are no longer in place would be helpful if they were revitalized? (e.g., who took care of orphans in your grandparents' time and are these structures still in place today to take care of them?)
- 3. What are some of the major concerns you have regarding children today? (List 5 to 8 concerns)
- 4. What changes have you noticed in the well-being of children over the past 5 to 10 years?

### Probe:

- Emotional
- Health

- Educational
- Material

5. Have you noticed more vulnerable children or orphans?

- What do you think are some of the reasons for the increase or decrease in the number of orphans and vulnerable children in your community? (e.g., retrenchments, high levels of unemployment, deaths, and so on)
- What effect do you think that HIV has had on the well-being of children? (ask this question only if it has not been mentioned earlier). (Examples: they are being orphaned; most of the family's meager resources go to medical expenses of the sick parents; children are worried about their parent's health and what will become of them if their parents die; children at times have to look after their sick parents; children drop out of school)
- How do you think that HIV will affect their lives? (If they mention an increase or decrease, ask why this might happen) Will it increase the number of orphans or vulnerable children? How? Why?

### Personal Experience Taking Care of Orphans and Vulnerable Children

6. Tell me about your experiences during the illness and subsequent death of the parent of the child/children you are looking after.

### Probe:

- How did you cope during this time?
- What helped you? (Examples: Prayer, taking alcohol, talking to friends, and talking to the priest/pastor/church elder; going for counseling (quality of service received))
- 7. How do you perceive yourself as a caregiver (i.e., Are you proficient or not? Why or why not? If not proficient, what is needed to increase your proficiency?)
- In what ways has taking on an extra children impacted your own family? (Examples: I have to bear more costs; the child is draining me emotionally; there isn't enough room in the house for everyone; there are too many misunderstandings between my children and them/between my husband and me)
- In what ways has taking care of extra children helped your family? Has anything positive come out of taking on extra children for you and your family? (Examples:

The child helps me with housework/looking after my children; I have someone to keep me company; the child helps my children with their schoolwork; their parents left some money/property, which has made my life easier.)

8. What were your reasons for taking on these children? (Examples: The parent asked me to; no one else wanted the child; I wanted to do it because I loved his/her parents very much; the child spent a great deal of time with my family during his/her parents' illness; I had to take them by tradition)
  9. How was it decided what would happen to the children once their parent(s) died? What sorts of discussions did you have with the dying parent during this time about the children's future? How were the children involved in these decisions? (If the children were not involved, what were your reasons for not involving the children? What do you think now about that decision?) Did you and the deceased discuss what would happen to the children once he/she was dead? If not, what would you have liked to happen when you look back at it?
  10. What do the children you have taken in know about the death of their parents? Have you informed the children you have taken in that their parent/parents is/are dead? What are some reasons that guardians don't inform younger children about their parents' death? Are they aware that some children find out about these deaths through other sources? Will this change the position of guardians with regard to informing children about their parents' deaths?
  11. How do you react when the children you have taken in want to talk about their deceased parents?
  12. What traditional practices are there to help children deal with the grief they are experiencing?
  13. What problems do you face in looking after orphans and vulnerable children?
- Probe:
- Communicating with them about HIV/AIDS and sexual behavior
  - Dealing with their moods
  - Talking about their parents' illness and death
14. Under what circumstances would you reject the children you have taken in and ask them to leave your home?

## Care and Support for Orphans and Vulnerable Children

15. What are the needs of vulnerable children and orphans?

Probe:

- Care needs (e.g., medical, psychosocial)
- Support needs (e.g., shelter, food, clothing, education)
- What do guardians do to alleviate the emotional pain orphans experience soon after the death of a parent and thereafter?

16. What do you think are the best ways to take care of vulnerable children and orphans?

Probe:

- Issues regarding long-term care, psychosocial support, educational support
- Who should be responsible? (immediate or extended family; adoption group; foster care family; institution)

17. Who takes care of children in need and orphans in your community, other than people such as you?

Probe:

- Is existing care adequate? Sustainable?
- What are some problems that are being experienced?
- What other help is available? List known resources (e.g., churches, clinics, projects, government structures)

18. How can the existing care be improved?

Probe:

- Community actions
- Organizational actions
- Government actions

## Future Care and Support for Orphans and Vulnerable Children

19. What should be done to ensure that there are enough resources to take care of orphans and vulnerable children?

Probe:

- Community resources – internal?
- Human resources?
- Financial/material resources?



## Support and Training Needs of Caregivers

20. Please tell us what the support needs are of people like you who care for and support orphans and vulnerable children?

Probe:

- Elderly people, such as 80-year-old grandparents
- Child heads of household
- Loans as opposed to grants

21. What are the training needs of people like you who care for and support orphans and vulnerable children?

Probe:

- Child heads of households (Example: skills in childcare, hygiene, skills in managing a home and budgeting)
- Caregivers who have never had children of their own/little or no experience in raising a child

## Community Mobilization and Involvement

22. Recognizing that communities are the front line for caring and supporting orphans and vulnerable chil-

dren, do you have any ideas about how we can increase the capacity and numbers of community members to take responsibility for orphans and vulnerable children? (Examples: helping communities identify problems among vulnerable children and families and ways to support them; encouraging leaders to protect the property and inheritance rights of widows and orphans; organizing cooperative childcare or labor support; training community members to assess needs and provide support; organizing orphan visiting programs; respecting communities' decision-making structures as they develop and implement assistance programs; enhancing communities' ability to target assistance to vulnerable families)

23. What do people mean when they say, "AIDS came for people"? What do you think of this statement?

24. Please tell us what you think our next steps should be.

Thank you for your time and all the wonderful ideas you shared with us.

## Example Focus Group Discussion Guides for Use with Community Members

(*Family Health International/Nigeria, 2001*)

(All focus group discussions should begin with the introduction below, clearly stating the objectives of the discussion and a summary of the issues for the discussion.)

### INTRODUCTION:

We are from Family Health International, an international health organization working with the Nigerian government to improve the health of Nigerians.

We are currently doing an assessment regarding orphans and vulnerable children to help in planning our future cooperation with the Nigerian government. As part of our assessment, we are talking to a wide cross section of people in the society, including government officials, community and religious leaders, health workers, teachers, NGOs and community members. We would use the information we generate to plan activities that will address identified needs of orphans and vulnerable children.

1. Who in this community is regarded as an orphan? (Explore child's age, dead parent's sex)
2. What categories of children are in greatest need of support in this community? (e.g., street children, almajiri, area boys and girls, hawkers, child beggars, and child prostitutes). Explore why for each category mentioned.
3. How did families and communities take care of each other, especially orphans and children in need, during your grandparent's time? Which of these practices are still in place?
4. Among the practices that are no longer in place, which would be helpful if they were reintroduced?

5. What are the major problems facing children in this community now?
  6. Have you noticed more orphans/children in need of support/assistance (e.g., education, shelter, food, clothing) in this community in recent years? If so, what gave you this impression and what do you think are the underlying causes?
  7. What contributions is the family making toward the care and support of orphans and children in need? How can we increase and sustain the capacity of the families to do so?
  8. What contributions is the community making toward the care and support of orphans and children in need? How can we increase and sustain the capacity of the community to do so?
  9. Tell us how you would like to be involved in providing care and support for orphans/ children in need
- Probe:
- Volunteer care provider
  - Resource mobilization (funding and materials)
  - Attend community meetings and contribute
10. What do you feel is the attitude of the community toward AIDS orphans?
  11. What is the inheritance pattern in your community?
- Probe:
- Woman without a male child
  - Woman in a polygamous setting
  - Woman who lost her husband at a young age/old age
12. What rituals are expected to be performed by the widow? (Is there anything that exposes her to the risk of HIV/AIDS?)

## Example Focus Group Discussion Guides for Use with People Living with HIV/AIDS

(Family Health International/Nigeria, 2001)

### INTRODUCTION:

We are from Family Health International, an international health organization working with the Nigerian government to improve the health of Nigerians.

We are currently doing an assessment regarding orphans and vulnerable children to help in planning our future cooperation with the Nigerian government. As part of our assessment, we are talking to a wide cross section of people in the society, including government officials, community and religious leaders, health workers, teachers, NGOs and community members. We would use the information we generate to plan activities that will address identified needs of orphans and vulnerable children.

1. What are your major concerns regarding your future and that of your children?
2. Have you discussed your HIV status with your children? Why or why not? If yes, what happened? If not, do you want to?
3. Has the welfare of your children changed because of your HIV status? If so, in what way?
4. What are the special needs of your children?

Probe:

- Care needs (e.g., medical [HIV testing], psychosocial)
- Support needs (e.g., shelter, food, clothing, education)

5. Ask about schooling/education.

Probe:

- Who pays school fees, provides uniforms and books
- Dropouts and reasons for dropping out of school

6. Ask about health issues

Probe:

- Common health problems?
- Where is treatment obtained?
- Who pays for treatment?

7. Do you know of any place where you can get support for you and your children?

8. What are the options available in this community for the care and support of orphans/children in need? Who should be responsible? Which option do you consider as the best?

Probe:

- Immediate and extended family?
- Adoption?
- Foster care?
- Institutional care?

9. How can the existing care be improved?

Probe:

- By community?
- By organization?
- By government?
- By individuals and families?

10. In general, what is the attitude of community members toward PLWHA and their children/orphans?

Probe:

- Sympathetic and empathetic?
- Indifferent?
- Stigmatized?
- Discriminated against?

11. What resources can be mobilized and/or harnessed to provide care and support to children of PLWHA, orphans, and children in need in this community?

Probe:

- Community resources – internal?
- Human resources?
- Financial/material resources?

12. Please tell us what training you think is needed by PLWHA who have children and people who care for orphans and children in need?

13. Please tell us how you would like to be involved in providing care and support for orphans/ children in need.

Probe:

- Volunteer care provider?
- Resource mobilization (funding and materials)?

- Attend community meetings and contribute?
14. What is the attitude of other children in the community toward orphans and vulnerable children (Kind? Sympathetic? Bullying? Stigma? Discrimination?)

15. What is the attitude of adults in the community toward orphans and vulnerable children (Kind? Sympathetic? Bullying? Stigma? Discrimination?)

## Example Focus Group Discussion Guides for Use with Healthcare Workers

(*Family Health International/Nigeria, 2001*)

### INTRODUCTION:

We are from Family Health International, an international health organization working with the Nigerian government to improve the health of Nigerians.

We are currently doing an assessment regarding orphans and vulnerable children to help in planning our future cooperation with the Nigerian government. As part of our assessment, we are talking to a wide cross section of people in the society, including government officials, community and religious leaders, health workers, teachers, NGOs and community members. We would use the information we generate to plan activities that will address identified needs of orphans and vulnerable children.

1. Have you noticed an increase in the number of orphans in this community? Why is this so? How big is the problem of orphans now?
2. Apart from orphans, have you noticed an increase in the number of children in need (street children, almajiri, area boys and girls, hawkers, child beggars, child prostitutes) in this community? Why is this so? How big is the problem?
3. What are the problems of orphans/children in need of support in this community?

Probe:

- Care needs (e.g., medical, psychosocial)?
  - Support needs (e.g., shelter, food, clothing, education)?
4. What are the options available in this community for the care and support of orphans/ children in need? Who should be responsible? Which option do you consider the best?

Probe:

- Immediate and extended family?
- Adoption?
- Foster care?
- Institutional care?

5. Is existing care adequate? Is it sustainable?

6. How can existing care be improved?

Probe:

- By community?
- By organizations?
- By government?
- By individuals and families?

7. In general, what is the attitude of community members toward PLWHA and/or their orphans?

Probe:

- Sympathetic and emphatic?
- Indifferent?
- Stigmatized?
- Discriminated against?

8. What resources can be mobilized and/or harnessed to provide care and support to orphans and children in need in this community?

Probe:

- Community resources – internal?
- Human resources?
- Financial/material resources?

9. Please tell us what you think the training needs are of people who care for orphans and children in need?

10. Please tell us how you would like to be involved in providing care and support for orphans/ children in need?

Probe:

- Volunteer care provider?
- Resource mobilization (funding and materials)?
- Attend community meetings and contribute?

11. Ask about schooling/education

Probe:

- Who pays school fees, provides uniforms and books?
- Dropouts and reasons for dropping out of school?

12. Ask about health issues.

Probe:

- Common health problems?
- Where is treatment obtained?
- Who pays for it?

13. What is the attitude of other children in the community toward orphans and vulnerable children (Kind? Sympathetic? Bullying? Stigma? Discrimination?)

14. What is the attitude of adults in the community toward orphans and vulnerable children (Kind? Sympathetic? Bullying? Stigma? Discrimination?)





## Appendix H: Example Baseline Surveys

Quantitative Interview: Orphans and Vulnerable Children Baseline Survey for 6–12-Year-Olds (Four Districts in Zambia, 2001) .....	136
Quantitative Interview: Orphans and Vulnerable Children Baseline Survey for 13–18-Year-Olds (Four Districts in Zambia, 2001) .....	144
Quantitative Interview: Orphans and Vulnerable Children Baseline Survey for Heads of Households (Four Districts in Zambia, 2001) .....	165
Quantitative Interview: Orphans and Vulnerable Children Baseline Survey for Heads of Households/Caregivers (Six Nigerian States) .....	186

Scope and Family Health International  
**Quantitative Interview: Orphans and Vulnerable Children**  
**Baseline Survey for 6–12-Year-Olds**

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**SECTION 0: IDENTIFICATION DATA**

001 QUESTIONNAIRE IDENTIFICATION NUMBER |\_\_|\_\_|\_\_|

002 District \_\_\_\_\_ 003 Compound \_\_\_\_\_

**Introduction:**

My name is...I work for.... but I'm currently working for SCOPE on this survey. My partner is.....He/She is also working with me on this survey. We're talking with children between the ages of 06 and 12 years here in [name of city, region or site] in order to find out their experiences as orphans and vulnerable children. Have you been spoken with or has anyone talked to you in the past few weeks for this study? IF THE RESPONDENT HAS BEEN INTERVIEWED BEFORE, DO NOT INTERVIEW THIS PERSON AGAIN. Tell them you cannot interview them a second time, thank them, and end the interview. If they have not been interviewed before, continue:

**Confidentiality and Consent:**

I'm going to ask you some very personal questions that some people may find difficult to answer. I am not going to talk to anyone about what you tell me. Your name will not be written on this form, and will never be used in connection with any of the information you tell me. You do not have to answer any questions that you do not feel comfortable with, and you may end this talk at any time you want to. However, your honest answers to these questions will help us better understand what people think, say and do about orphans and vulnerable children. You can have your guardian come in and sit with us if you would like. We can ask her/him to come in at any time that you think you want them to come in. We would greatly appreciate your help in responding to this interview. The interview will take about 20 minutes. Would you be willing to participate?"

One limitation of participating in the survey is that you may experience intense emotions due to recalling difficult experiences in your life. The benefit of participating is that we have a trained psychosocial support person who is available to connect you to an organisation that may offer some forms of assistance. We will also provide you with a list of resource places that may be able to offer additional psychosocial support.

Signature of Interviewer \_\_\_\_\_

(certifying that informed consent has been given verbally by respondent)

Signature of Witness \_\_\_\_\_

(certifying that informed consent has been given verbally by respondent)

**Incomplete Interviews Log**

	Visit 1	Visit 2	Visit 3
Date			
Interviewer			
Comment			

Comment codes: Appointment made for later today 1; Appointment made for another day 2; Refused to continue and no appointment made 3; Other (Specify) 4.

004 INTERVIEWER: Code [\_\_|\_\_] Name \_\_\_\_\_

005 DATE INTERVIEW: \_\_ \ \_\_ \ \_\_

CHECKED BY TEAM LEADER: Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The 6- to 12-year-old children's questionnaire includes the following sections:

Section 0 – Questionnaire Identification Data (5 codes)

Section 1 – Background Information      11 questions

Section 2 – Food Intake                      06 questions

Section 3 – Psychosocial Issues            17 questions

    3.1 Household Relationships      10 questions

    3.2 Special Items                      05 questions

    3.3 Sexual Involvement            02 questions

Section 4 – Emotional Well-Being Issues 24 questions

Total Number Of Questions:              58 questions

### **PSSP's Comments**

## Section I: Background Information

In this section, we are gathering general background data about the respondent. The questions are simply intended to put the respondent at ease.

No.	Questions And Filters	Coding Categories	Skip to
Q101	In what month and year were you born?	Month [ ][ ] Don't know month 88 No Response 99 Year [ ][ ] Don't know year 88 No Response 99	
Q102	Record sex of the respondent	Male 1 Female 2	
Q103	What language do you speak most of the time? (fill in appropriate language.)	_____ Don't Know 88 No Response 99	
Q104	Have you ever been in school?	Yes 1 No 2	If yes, skip to Q106
Q105	Why have you never been to school? (then skip to next section.)	No Response 99 Death of parents 1 Death of guardian(s) 2 Financial problems 3 Illness 4 Lack of school space 5 Lack of support 6 Don't like school 7 Other _____ Don't Know 88 No Response 99	
Q106	Are you currently in school?	Yes 1 No 2 No Response 99	If no, skip to Q110
Q107	Have you been placed in school for the first time? (targeted for late entry)	Yes 1 No 2 Don't Know 88 No Response 99	
Q108	What school do you go to? (re-code answers to be gov- ernment, private, or community school)	_____	
Q109	What grade are you in? (fill in appropriate grade.)	_____ Don't Know 88 No Response 99	Skip to Q201 after response
Q110	Which year did you last attend school? (fill in appropriate year.)	_____ Don't Know 88 No Response 99	Skip to Q201 after response
Q111	State the reasons for not currently attending school	Y N Awaiting results 1 2 a Death of parent (S) 1 2 b Death of guardian(S) 1 2 c Drop out 1 2 d Failed exams 1 2 e Financial problems 1 2 f Got a job 1 2 g Illness 1 2 h Lack of school space 1 2 i Lack of support 1 2 j Not enrolled yet 1 2 k Pregnancy 1 2 l Still too young 1 2 m Other _____ Don't Know 88 No Response 99	Interviewer: For this and other similar questions, ignore the letters (a,b,c etc. ) The letters are for data entry.



## Section 2: Food Intake

This section seeks to gather data on the type of diet of the respondent

No.	Questions and Filters	Coding Categories	Skip to
Q201	How many meals do you usually have per day?	Write no. [____] (Can be 0) Don't Know 88 No Response 99	
Q202	What is your usual meal like?	    (List all food eaten) Don't Know 88 No Response 99	
Q203	Did you eat anything yesterday?	Yes 1 No 2 Don't Know 88 No Response 99	If no, skip to Q205
Q204	What did you eat yesterday (morning, lunch and evening)?	Morning Time    (List all food eaten) Don't Know 88 No Response 99 Lunch Time    (List all food eaten) Don't Know 88 No Response 99 Evening Time    (List all food eaten) Don't Know 88 No Response 99	
Q205	How many meals did the family eat yesterday?	Write amount (Can be 0) Don't Know 88 No Response 99	
Q206	Other than water what did you drink yesterday?	Don't Know 88 No Response 99	

### Section 3: Psychosocial Issues

Prepare the respondent for the next section by highlighting to him/her that these questions are sensitive. (Take note of the subsections and use them as “breaks” in the interview to retain the respondent’s interest and composure.)

No.	Questions and Filters	Coding Categories	Skip to																																							
Q301	How are you related to your guardian?	<table><tr><td></td><td>Y</td><td>N</td></tr><tr><td>Mother</td><td>1</td><td>2 a</td></tr><tr><td>Father</td><td>1</td><td>2 b</td></tr><tr><td>Aunt</td><td>1</td><td>2 c</td></tr><tr><td>Uncle</td><td>1</td><td>2 d</td></tr><tr><td>Grandmother</td><td>1</td><td>2 e</td></tr><tr><td>Grandfather</td><td>1</td><td>2 f</td></tr><tr><td>Sister</td><td>1</td><td>2 g</td></tr><tr><td>Brother</td><td>1</td><td>2 h</td></tr><tr><td>Neighbor</td><td>1</td><td>2 i</td></tr><tr><td>Cousin</td><td>1</td><td>2 j</td></tr><tr><td>Don't Know</td><td>88</td><td></td></tr><tr><td>No Response</td><td>99</td><td></td></tr></table>		Y	N	Mother	1	2 a	Father	1	2 b	Aunt	1	2 c	Uncle	1	2 d	Grandmother	1	2 e	Grandfather	1	2 f	Sister	1	2 g	Brother	1	2 h	Neighbor	1	2 i	Cousin	1	2 j	Don't Know	88		No Response	99		
	Y	N																																								
Mother	1	2 a																																								
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Neighbor	1	2 i																																								
Cousin	1	2 j																																								
Don't Know	88																																									
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Q302	How many children lived with you in your parents/guardian's home before moving?	<table><tr><td>Boys_____ (indicate number)</td><td></td></tr><tr><td>Girls_____ (indicate number)</td><td></td></tr><tr><td>Don't Know</td><td>88</td></tr><tr><td>No Response</td><td>99</td></tr></table>	Boys_____ (indicate number)		Girls_____ (indicate number)		Don't Know	88	No Response	99																																
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Girls_____ (indicate number)																																										
Don't Know	88																																									
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Q303	How many of these children have the same parents as yourself?	<table><tr><td>Boys_____ (indicate number)</td><td></td></tr><tr><td>Girls_____ (indicate number)</td><td></td></tr><tr><td>Don't Know</td><td>88</td></tr><tr><td>No Response</td><td>99</td></tr></table>	Boys_____ (indicate number)		Girls_____ (indicate number)		Don't Know	88	No Response	99	If both are "0," then skip to Q305																															
Boys_____ (indicate number)																																										
Girls_____ (indicate number)																																										
Don't Know	88																																									
No Response	99																																									
Q304	How many of these brothers, sisters and the other children are you living with in the same household?	<table><tr><td>Boys_____ (indicate number)</td><td></td></tr><tr><td>Girls_____ (indicate number)</td><td></td></tr><tr><td>Don't Know</td><td>88</td></tr><tr><td>No Response</td><td>99</td></tr></table>	Boys_____ (indicate number)		Girls_____ (indicate number)		Don't Know	88	No Response	99																																
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Girls_____ (indicate number)																																										
Don't Know	88																																									
No Response	99																																									
Q305	How happy are you living in this home?	<table><tr><td>Very happy</td><td>1</td></tr><tr><td>Happy</td><td>2</td></tr><tr><td>Sad</td><td>3</td></tr><tr><td>Very sad</td><td>4</td></tr><tr><td>Don't Know</td><td>88</td></tr><tr><td>No Response</td><td>99</td></tr></table>	Very happy	1	Happy	2	Sad	3	Very sad	4	Don't Know	88	No Response	99																												
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Happy	2																																									
Sad	3																																									
Very sad	4																																									
Don't Know	88																																									
No Response	99																																									
Q306	What do you do in your leisure time? (Do not read. CIRCLE if mentioned.)	<table><tr><td>Football, other sports, physical activity</td><td></td></tr><tr><td>Games, non-physical</td><td></td></tr><tr><td>Being with friends, playing</td><td></td></tr><tr><td>Being with family</td><td></td></tr><tr><td>Dance, music, drama</td><td></td></tr><tr><td>Reading</td><td></td></tr><tr><td>Crafts, weaving, art, basketry</td><td></td></tr><tr><td>Other _____</td><td></td></tr><tr><td>Don't Know</td><td>88</td></tr><tr><td>No Response</td><td>99</td></tr></table>	Football, other sports, physical activity		Games, non-physical		Being with friends, playing		Being with family		Dance, music, drama		Reading		Crafts, weaving, art, basketry		Other _____		Don't Know	88	No Response	99																				
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Crafts, weaving, art, basketry																																										
Other _____																																										
Don't Know	88																																									
No Response	99																																									
Q307	Who do you talk to when you have a problem or a worry? (Relationship to child)	<table><tr><td></td><td>Y</td><td>N</td></tr><tr><td>Guardian</td><td>1</td><td>2 a</td></tr><tr><td>Guardian's husband/wife/relative</td><td>1</td><td>2 b</td></tr><tr><td>Child's brothers/sisters</td><td>1</td><td>2 c</td></tr><tr><td>Step-, foster-siblings</td><td>1</td><td>2 d</td></tr><tr><td>Friends, other children</td><td>1</td><td>2 e</td></tr><tr><td>No one, keep to myself</td><td>1</td><td>2 f</td></tr></table>		Y	N	Guardian	1	2 a	Guardian's husband/wife/relative	1	2 b	Child's brothers/sisters	1	2 c	Step-, foster-siblings	1	2 d	Friends, other children	1	2 e	No one, keep to myself	1	2 f																			
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Q308	Before the guardian began to take care of you, how well did you know him/her?	<table><tr><td>Very well</td><td></td></tr><tr><td>A little bit</td><td></td></tr><tr><td>Not at all</td><td></td></tr><tr><td>Not applicable</td><td></td></tr><tr><td>Other _____</td><td></td></tr><tr><td>Don't Know</td><td>88</td></tr><tr><td>No Response</td><td>99</td></tr></table>	Very well		A little bit		Not at all		Not applicable		Other _____		Don't Know	88	No Response	99																										
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### Section 3: Psychosocial Issues (continued)

No.	Questions and Filters	Coding Categories	Skip to
Q309	Is there anything still bothering you about your parent's/guardian's death?	Yes 1 No 2 Don't Know 88 No Response 99	
Q310	If yes, what is it?	_____ _____ Don't Know 88 No Response 99	

#### 3.2: Special Items

Q311	What is different about your life since your mother or father died?	_____ _____ Don't Know 88 No Response 99	
Q312	Do you have any personal items left for you by your mother/ father/ guardian?	Yes 1 No 2 Don't Know 88 No Response 99	If no, skip to Q316
Q313	What items do you have?	Photos 1 Letters 2 Identification book 3 Bible 4 Clothes 5 Jewelry 6 Other _____ Don't Know 88 No Response 99	
Q314	When do you look at these things?	When I am sad 1 When I am feeling lonely 2 When I want to be closer to my late parents/guardians 3 Other _____ Don't Know 88 No Response 99	
Q315	How do you feel when you see these things?	Content 1 Happy 2 Warm 3 Sad 4 Angry 4 Any time _____ Don't Know 88 No Response 99	

#### 3.3: Sexual Involvement

Q316	Have you ever had sexual intercourse?	Yes 1 No 2 Don't Know 88 No Response 99	
Q317	Have you ever had sexual Intercourse against your will?	Yes 1 No 2 Don't Know 88 No Response 99	

## Section 4: Emotional Well-Being Checklist

No.	Questions and Filters	Coding Categories		Skip to
Q401	How often would you say that you have scary dreams or nightmares?	Often	1	
		Sometimes	2	
		Never	3	
		Don't Know	88	
		No Response	99	
Q402	How often would you say that you ever feel unhappy?	Often	1	
		Sometimes	2	
		Never	3	
		Don't Know	88	
		No Response	99	
Q403	How often do you feel happy?	Often	1	If never, skip to Q405
		Sometimes	2	
		Never	3	
		Don't Know	88	
		No Response	99	
Q404	What makes you happy?	Nothing	0	
		Don't Know	88	
		Refuse To Answer	99	
Q405	How often would you say that you ever get into fights with other children?	Often	1	
		Sometimes	2	
		Never	3	
		Don't Know	88	
		No Response	99	
Q406	How often would you say that you prefer to be alone, instead of playing with other children?	Often	1	
		Sometimes	2	
		Never	3	
		Don't Know	88	
		No Response	99	
Q407	Who do you play with?	No One	0	
		Don't Know	88	
		No Response	99	
Q408	How often would you say that you ever feel worried?	Often	1	
		Sometimes	2	
		Never	3	
		Don't Know	88	
		No Response	99	
Q409	How often would you say that you ever refuse eating at mealtimes?	Often	1	
		Sometimes	2	
		Never	3	
		Don't Know	88	
		No Response	99	
Q410	How often would you say that you feel frustrated easily when something does not go your way?	Often	1	
		Sometimes	2	
		Never	3	
		Don't Know	88	
		No Response	99	
Q411	How often would you say that you ever become very angry?	Often	1	
		Sometimes	2	
		Never	3	
		Don't Know	88	
		No Response	99	
Q412	How often do you feel hopeful about the future?	Often	1	If never, skip to Q414
		Sometimes	2	
		Never	3	
		Don't Know	88	
		No Response	99	

## Section 4: Emotional Well-Being Checklist (continued)

No.	Questions and Filters	Coding Categories		Skip to
Q413	What makes you feel hopeful?	Often	1	
		Sometimes	2	
		Never	3	
		Don't Know	88	
		No Response	99	
Q414	How often would you say that you ever feel afraid of new situations?	Often	1	
		Sometimes	2	
		Never	3	
		Don't Know	88	
		No Response	99	
Q415	How often would you say that you ever have trouble falling asleep?	Often	1	
		Sometimes	2	
		Never	3	
		Don't Know	88	
		No Response	99	
Q416	How often would you say that you ever have difficulty making friends?	Often	1	
		Sometimes	2	
		Never	3	
		Don't Know	88	
		No Response	99	
Q417	How often would you say that you ever feel like running away from home?	Often	1	If never, don't know, or no response, skip to Q420
		Sometimes	2	
		Never	3	
		Don't Know	88	
		No Response	99	
Q418	When did you start feeling like this?	_____		
		_____		
		Don't Know	88	
		No Response	99	
Q419	How many times in the last 6 months have you actually run away from home?	Number of times in last 6 months	_____	
Q420	What kinds of things do you worry about?	_____		
		Nothing	0	
		Don't Know	88	
		No Response	99	
Q421	What is something you can do tonight to have fun?	_____		
		Nothing	0	
		Don't Know	88	
		No Response	99	
Q422	What is something that you are looking forward to doing in the next week?	_____		
		Nothing	0	
		Don't Know	88	
		No Response	99	
Q423	Tell me something about your life that makes you happy?	_____		
		Nothing	0	
		Don't Know	88	
		No Response	99	
Q424	Who do you admire most? (Interviewer: Please indicate name and profession of person admired.)	_____		
		_____		
		_____		
		Don't Know	88	
		No Response	99	



Scope and Family Health International  
**Quantitative Interview: Orphans and Vulnerable Children**  
**Baseline Survey for 13–18-Year-Olds**

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**SECTION 0: IDENTIFICATION DATA**

001 QUESTIONNAIRE IDENTIFICATION NUMBER |\_\_|\_\_|\_\_|

002 District\_\_\_\_\_ 003 Compound\_\_\_\_\_

Introduction:

“My name is \_\_\_\_\_ work for \_\_\_\_\_, but today I am working for SCOPE on this survey. My partner is \_\_\_\_\_ and we are working together on this survey. We’re interviewing children between the ages of 13 and 18 here in [name of city, region, or site] to find out their experiences as orphans and vulnerable children. Have you been interviewed in the past few weeks [or other appropriate time period] for this study? IF THE RESPONDENT HAS BEEN INTERVIEWED BEFORE, DO NOT INTERVIEW THIS PERSON AGAIN. Tell them you cannot interview them a second time, thank them, and end the interview. If they have not been interviewed before, continue:

Confidentiality and Consent: “I’m going to ask you some very personal questions that some people may find difficult to answer. Your answers are completely confidential, which means I am not going to talk to anyone about what you tell me. Your name will not be written on this form, and will never be used in connection with any of the information you tell me. You do not have to answer any questions that you do not feel comfortable with, and you may end this interview any time you want to. However, your honest answers to these questions will help us better understand what people think, say, and do about orphans and vulnerable children. You can have your guardian come in and sit with us during the interview if you would like. We can ask him/her to come in at any time in the interview that you think you want them to come in. We would greatly appreciate your help in responding to this interview. The interview will take about 45 minutes. Would you be willing to participate?”

“One limitation of participating in the survey is that you may experience intense emotions due to recalling difficult experiences in your life. The benefit of participating is that we have a trained psychosocial support person who is available to connect you to an organization that may offer some form of assistance. We will also provide you with a list of resource places that may be able to offer additional psychosocial support.

Signature of Interviewer \_\_\_\_\_

(certifying that informed consent has been given verbally by respondent)

Signature of Witness \_\_\_\_\_

(certifying that informed consent has been given verbally by respondent)

Incomplete Interviews Log

	Visit 1	Visit 2	Visit 3
Date			
Interviewer			
Comment			

Comment codes: Appointment made for later today 1; Appointment made for another day 2; Refused to continue and no appointment made 3; Other (Specify) 4.

004 INTERVIEWER: Code [\_\_|\_\_] Name\_\_\_\_\_

005 DATE INTERVIEW: \_\_\\_\_\\_\_

CHECKED BY TEAM LEADER: Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The 13- to 18-year-old children's questionnaire includes the following sections:

Section 0 – Questionnaire identification data (5 codes)

Section 1 – Background Information 10 questions

Section 2 – Food Intake 06 questions

Section 3 – Psychosocial Issues 86 questions

3.1 Background Information on Father 16 questions

3.2 Background Information On Mother 16 questions

3.3 HIV/AIDS issues and Relationships in Household 20 questions

3.4 Child/Guardian Relationship 24 questions

3.5 Child's Feelings on Late Mother/Father/Guardian 10 questions

Section 4 – Risk Taking 12 questions

Section 5 – Decision Making Processes 11 questions

Section 6 - Emotional Well-Being Checklist 24 questions

TOTAL NUMBER OF QUESTIONS: 149 questions

### **PSSP's Comments**

## Section I: Background Information

In this section, we are gathering general background data about the respondent. The questions are simply intended to put the respondent at ease.

No.	Questions and Filters	Coding Categories	Skip to
Q101	In what month and year were you born?	Month [ ][ ] Don't Know 88 No Response 99 Year [ ][ ] Don't Know 88 No Response 99	
Q102	RECORD SEX OF RESPONDENT	MALE 1 FEMALE 2	
Q103	What language do you speak most of the time? (Fill in appropriate language.)	_____ Don't Know 88 No Response 99	
Q104	Have you ever been in school?	Yes 1 No 2 No Response 99	If yes, skip to Q106
Q105	Why have you never been to school?	Death of parents 1 Death of guardian(s) 2 Financial problems 3 Illness 4 Lack of school space 5 Lack of support 6 Don't like school 7 Other _____ Don't Know 88 No Response 99	Skip to Q201
Q106	Are you currently in school?	Yes 1 No 2 No Response 99	If no, skip to Q110
Q107	What school do you go to? (Re-code answers to be Government, Private, or Community School)	_____	
Q108	How many years have you spent in school?	_____ Don't Know 88 No Response 99	
Q109	What grade are you in? (Fill in appropriate grade.)	_____ Don't Know 88 No Response 99	Skip to Q201
Q110	Which year did you last attend school? (Fill in appropriate year.)	_____ Don't Know 88 No Response 99	
Q111	State the reasons for not currently attending school. (Do not read the response. CIRCLE "1" if the response is mentioned and "2" if the response is NOT mentioned, AND always probe a minimum of 3 times to get further answers.)	Y N Awaiting results 1 2 a Completed school 1 2 b Death of parent(s) 1 2 c Death of guardian(s) 1 2 d Drop out 1 2 e Failed exams 1 2 f Financial problems 1 2 g Got a job 1 2 h Illness 1 2 i Lack of school space 1 2 j Lack of support 1 2 k Not enrolled yet 1 2 l Pregnancy 1 2 m Still young 1 2 n Other _____ Don't Know 88 No Response 99	Interviewer:  For this and other similar questions, ignore the letters (a,b,c, etc.).  The letters are for data entry.

## Section 2: Food Intake

This section seeks to gather data on the type of diet of the respondent

No.	Questions and Filters	Coding Categories	Skip to
Q201	How many meals do you usually have per day?	Write No. [____] (Can Be 0) Don't Know 88 No Response 99	
Q202	What is your usual meal like?	_____ _____ _____ (List all food eaten) Don't Know 88 No Response 99	
Q203	Did you eat anything yesterday?	Yes 1 No 2 Don't Know 88 No Response 99	If no, skip to Q205
Q204	What did you eat yesterday (morning, lunch and evening)?	Morning Time _____ _____ _____ (List all food eaten) Don't Know 88 No Response 99 Lunch Time _____ _____ _____ (List all food eaten) Don't Know 88 No Response 99 Evening Time _____ _____ _____ (List all food eaten) Don't Know 88 No Response 99	
Q205	How many meals did the family eat yesterday?	Write amount (Can be 0) Don't Know 88 No Response 99	
Q206	Other than water what did you drink yesterday?	Don't Know 88 No Response 99	

### Section 3: Psychosocial Issues

Prepare the respondent for the next section by highlighting to him/her that these questions are sensitive. Take note of the subsections and use them as “breaks” in the interview to retain respondent’s interest and composure.

#### 3.1: Background Information on Father

No.	Questions and Filters	Coding Categories		Skip to
Q301	Is your father alive?	Yes	1	If yes, skip to Q312
		No	2	
		Don't Know	88	
		No Response	99	
Q302	When did he die?	Less than one month	1	
		1 –3 months ago	2	
		4-6 months ago	3	
		7 to 12 months ago	4	
		Over 1 to 3 years ago	5	
		4 to6 years ago	6	
		More than 6 years ago	7	
		Don't Know	88	
		No Response	99	
Q303	What do you think was the cause of his death? (Do not read out. Circle if mentioned. You will need to probe a little without being coercive. Do not accept “DON'T KNOW” right away.)	HIV/AIDS	1	
		TB	2	
		Pneumonia	3	
		Long illness	4	
		Accident	5	
		Bewitched	6	
		Malaria	7	
		Other _____		
		Don't Know	88	
		No Response	99	
Q304	(Interviewer: If father died from an illness, then ask. Otherwise, skip to Q309.) During the time your father was ill, what did you do to make yourself feel better?	Talked to father	1	
		Cried	2	
		Talked with relative	3	
		Played with friends	4	
		Helped him	5	
		Nothing	6	
		Other _____		
		Don't Know	88	
		No Response	99	
Q305	After your father died, what did you do to help yourself feel better?	Talked to friend	1	
		Talked with relative	2	
		Cried	3	
		Nothing	4	
		Other _____		
		Don't Know	88	
		No Response	99	
Q306	Did your father ever discuss his health condition with you before he died?	Yes	1	
		No	2	
		Don't Know	88	
		No Response	99	
Q307	Did anyone else discuss this with you?	Yes	1	If no, skip to Q309
		No	2	
		Don't Know	88	
		No Response	99	



### 3.1: Background Information on Father (continued)

No.	Questions and Filters	Coding Categories	Skip to																																																
Q308	Who did (Do not read the response. CIRCLE "1" if the response is mentioned and "2" if the response is NOT mentioned, AND always probe a minimum of 3 times to get further answers.)	<table><tr><td></td><td>Y</td><td>N</td></tr><tr><td>Guardian</td><td>1</td><td>2</td></tr><tr><td>Guardian's husband</td><td>1</td><td>2</td></tr><tr><td>Guardian's wife</td><td>1</td><td>2</td></tr><tr><td>Guardian's relative</td><td>1</td><td>2</td></tr><tr><td>Child's brothers</td><td>1</td><td>2</td></tr><tr><td>Child's sisters</td><td>1</td><td>2</td></tr><tr><td>Child's foster brother</td><td>1</td><td>2</td></tr><tr><td>Child's foster sister</td><td>1</td><td>2</td></tr><tr><td>Guardian's friend</td><td>1</td><td>2</td></tr><tr><td>Child's friends</td><td>1</td><td>2</td></tr><tr><td>Mother</td><td>1</td><td>2</td></tr><tr><td>Other</td><td></td><td></td></tr><tr><td colspan="3"><hr/></td></tr><tr><td>Don't Know</td><td>88</td><td></td></tr><tr><td>No Response</td><td>99</td><td></td></tr></table>		Y	N	Guardian	1	2	Guardian's husband	1	2	Guardian's wife	1	2	Guardian's relative	1	2	Child's brothers	1	2	Child's sisters	1	2	Child's foster brother	1	2	Child's foster sister	1	2	Guardian's friend	1	2	Child's friends	1	2	Mother	1	2	Other			<hr/>			Don't Know	88		No Response	99		If yes, skip to Q312
	Y	N																																																	
Guardian	1	2																																																	
Guardian's husband	1	2																																																	
Guardian's wife	1	2																																																	
Guardian's relative	1	2																																																	
Child's brothers	1	2																																																	
Child's sisters	1	2																																																	
Child's foster brother	1	2																																																	
Child's foster sister	1	2																																																	
Guardian's friend	1	2																																																	
Child's friends	1	2																																																	
Mother	1	2																																																	
Other																																																			
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Don't Know	88																																																		
No Response	99																																																		
Q309	What has changed in your daily life (circumstances, and so on) since your father died? (Do not read the response. CIRCLE "1" if the response is mentioned and "2" if the response is NOT mentioned, AND always probe a minimum of 3 times to get further answers.)	<table><tr><td></td><td>Y</td><td>N</td></tr><tr><td>My school attendance has declined or stopped</td><td>1</td><td>2</td></tr><tr><td>My grades have worsened</td><td>1</td><td>2</td></tr><tr><td>I have to do more chores</td><td>1</td><td>2</td></tr><tr><td>I have to take care of smaller children</td><td>1</td><td>2</td></tr><tr><td>I have to take care of my parent</td><td>1</td><td>2</td></tr><tr><td>We have less food/money as a family</td><td>1</td><td>2</td></tr><tr><td>I have less food/clothes as an individual</td><td>1</td><td>2</td></tr><tr><td>Started school late</td><td>1</td><td>2</td></tr><tr><td>No shelter</td><td>1</td><td>2</td></tr><tr><td>Nothing at all</td><td>1</td><td>2</td></tr><tr><td>Other</td><td></td><td></td></tr><tr><td colspan="3"><hr/></td></tr><tr><td>Don't Know</td><td>88</td><td></td></tr><tr><td>No Response</td><td>99</td><td></td></tr></table>		Y	N	My school attendance has declined or stopped	1	2	My grades have worsened	1	2	I have to do more chores	1	2	I have to take care of smaller children	1	2	I have to take care of my parent	1	2	We have less food/money as a family	1	2	I have less food/clothes as an individual	1	2	Started school late	1	2	No shelter	1	2	Nothing at all	1	2	Other			<hr/>			Don't Know	88		No Response	99					
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Q310	How has the loss of your father affected the way you feel about life? (Do not read the response. CIRCLE response mentioned for this and all other with similar responses, AND always probe a minimum of 3 times to get further answers.)	<table><tr><td>Sad, unhappy</td><td>1</td></tr><tr><td>Sorrowful</td><td>2</td></tr><tr><td>Worried</td><td>3</td></tr><tr><td>Angry</td><td>4</td></tr><tr><td>Scared</td><td>5</td></tr><tr><td>Isolated, alone</td><td>6</td></tr><tr><td>Resolute, determined</td><td>7</td></tr><tr><td>Comforted, relieved</td><td>8</td></tr><tr><td>Happy, contented</td><td>9</td></tr><tr><td>Other</td><td></td></tr><tr><td colspan="2"><hr/></td></tr><tr><td>Don't Know</td><td>88</td></tr><tr><td>No Response</td><td>99</td></tr></table>	Sad, unhappy	1	Sorrowful	2	Worried	3	Angry	4	Scared	5	Isolated, alone	6	Resolute, determined	7	Comforted, relieved	8	Happy, contented	9	Other		<hr/>		Don't Know	88	No Response	99																							
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Don't Know	88																																																		
No Response	99																																																		
Q311	What do you miss most about your father?	<div>-----</div> <div>-----</div>	Skip to Q317 after this response																																																
Q312	Are you living with your father right now?	<table><tr><td>Yes</td><td>1</td></tr><tr><td>No</td><td>2</td></tr><tr><td>Don't Know</td><td>88</td></tr><tr><td>No Response</td><td>99</td></tr></table>	Yes	1	No	2	Don't Know	88	No Response	99	If yes, skip to Q317																																								
Yes	1																																																		
No	2																																																		
Don't Know	88																																																		
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Q313	Why don't you live with him? (Do not read the response. CIRCLE response mentioned for this and all other with similar responses, AND always probe a minimum of 3 times to get further answers.)	<table><tr><td>Step father would not allow me</td><td>1</td></tr><tr><td>He does not like me/chased me</td><td>2</td></tr><tr><td>My guardian asked for me</td><td>3</td></tr><tr><td>Can't attend school at his home</td><td>4</td></tr><tr><td>Other</td><td></td></tr><tr><td colspan="2"><hr/></td></tr><tr><td>Don't Know</td><td>88</td></tr><tr><td>No Response</td><td>99</td></tr></table>	Step father would not allow me	1	He does not like me/chased me	2	My guardian asked for me	3	Can't attend school at his home	4	Other		<hr/>		Don't Know	88	No Response	99																																	
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<hr/>																																																			
Don't Know	88																																																		
No Response	99																																																		

### 3.1: Background Information on Father (continued)

No.	Questions and Filters	Coding Categories	Skip to
Q314	Do you ever visit your father?	Yes 1 No 2 Don't Know 88 No Response 99	If yes, skip to Q317
Q315	How often?	Weekly 1 Monthly 2 Every 3 months 3 Every 6 months 4 Annually 5 Other _____ Don't Know 88 No Response 99	
Q316	If you don't visit him, please state briefly why not	No transport money 1 Guardian does not allow 2 Father does not allow visits 3 It is too far 4 Other _____ Don't Know 88 No Response 99	

We are now moving to questions about your mother:

### 3.2: Background Information on Mother

Q317	Is your mother alive?	Yes 1 No 2 Don't Know 88 No Response 99	
Q318	When did she die?	Less than one month 1 1 –3 months ago 2 4-6 months ago 3 7 to 12 months ago 4 over 1 to 3 years ago 5 4 to 6 years ago 6 More than 6 years ago 7 Don't Know 88 No Response 99	
Q319	What do you think caused her death? (Do not read out. CIRCLE if mentioned. You will need to probe a little without being coercive. Do not accept "don't know" right away.)	HIV/AIDS 1 TB 2 Pneumonia 3 Long illness 4 Accident 5 Bewitched 6 Malaria 7 Stroke 8 Abortion 9 Other _____ Don't Know 88 No Response 99	
Q320	(Interviewer: If mother died from an illness, ask. Otherwise, skip to Q321.)  During the time your mother was ill, what did you do or what happened to make you feel better?	Talked to father 1 Cried 2 Talked with relative 3 Played with friends 4 Helped him 5 Nothing 6 Other _____ Don't Know 88 No Response 99	

### 3.2: Background Information on Mother (continued)

No.	Questions and Filters	Coding Categories	Skip to
Q322	Did your mother ever discuss her health condition with you before she died?	Talked to friend 1 Talked with relative 2 Cried 3 Nothing 4 Other _____ Don't Know 88 No Response 99	
Q323	Did anyone else discuss this with you?	Yes 1 No 2 Don't Know 88 No Response 99	If no, skip to Q325
Q324	Who did? (Do not read the response. CIRCLE "1" if the response is mentioned and "2" if the response is NOT mentioned, AND always probe a minimum of 3 times to get further answers.)	Y N Guardian 1 2 a Guardian's husband 1 2 b Guardian's wife 1 2 c Guardian's relative 1 2 d Child's brothers 1 2 e Child's sisters 1 2 f Child's foster brother 1 2 g Child's foster sister 1 2 h Guardian's friend 1 2 i Child's friends 1 2 j Father 1 2 k Other _____ Don't Know 88 No Opinion 99	
Q325	What has changed in your life (circumstances, etc), since your mother died? (Do not read the response. CIRCLE response mentioned for this and all other with similar responses, AND always probe a minimum of 3 times to get further answers.)	My school attendance has declined or stopped Y N My grades have worsened 1 2 a I have to do more chores 1 2 b I have to take care of smaller children 1 2 c I have to take care of my parent 1 2 d We have less food/money as a family 1 2 e I have less food/clothes as an individual 1 2 f Others _____ Not at all 8 Don't Know 88 No Response 99	
Q326	How has the loss of your mother affected the way you feel about life? (Do not read the response. CIRCLE response mentioned for this and all other with similar responses, AND always probe a minimum of 3 times to get further answers.)	Y N Sad, unhappy 1 2 a Sorrowful 1 2 b Worried 1 2 c Angry 1 2 d Scared 1 2 e Isolated, alone 1 2 f Resolute, determined 1 2 g Comforted, relieved 1 2 h Happy, contented 1 2 i Other _____ Don't Know 88 No Response 99	
Q327	What do you miss most about your mother?	Cooking 1 Care 2 Love 3 Nothing 4 Time with her 5 Other _____ Don't Know 88 No Response 99	
Q328	Are you living with your mother right now?		

### 3.2: Background Information on Mother (continued)

No.	Questions and Filters	Coding Categories	Skip to
Q328	Are you living with your mother right now?	Yes 1 No 2 Don't Know 88 No Response 99	If yes, skip to Q333
Q329	Why don't you live with her?	Step father would not allow me 1 She does not like me/chased me 2 My guardian asked for me 3 Can't attend school at her home 4 Other _____ Don't Know 88 No Response 99	
Q330	Do you ever visit your mother?	Yes 1 No 2 Don't Know 88 No Response 99	If no, skip to Q332
Q331	How often?	Weekly Monthly Every 3 months Every 6 months Annually Other _____ Don't Know 88 No Response 99	
Q332	If you don't visit her, please state briefly why not	No transport money 1 Guardian does not allow 2 Mother does not allow visits 3 It is too far 4 Other _____ Don't Know 88 No Response 99	

### 3.3: HIV/AIDS Issues and Relationships in Household

Q333	Do you think parents/guardians should talk about their health condition with their children/dependents?	Yes 1 No 2 Maybe or in some cases 3 Don't Know 88 No Response 99	If no, skip to Q335
Q334	If yes or maybe, why is that? (Do not read the response. CIRCLE response mentioned for this and all other with similar responses, AND always probe a minimum of 3 times to get further answers.)	So children can prepare emotionally 1 So children can prepare practically 2 So children can avoid AIDS themselves 3 So children can know the truth, why parent died 4 So children can know what to do when parent is sick, dies 5 So that wills, property can be discussed 6 So that guardians can be appointed 7 Other _____ Don't Know 88 No Response 99	Skip to Q336
Q335	If no, why? (Do not read the response. CIRCLE response mentioned for this and all other with similar responses, AND always probe a minimum of 3 times to get further answers.)	I can't stand it 1 It is upsetting, sad to talk about 2 There is nothing one can do to prepare 3 Children may not keep a secret, may tell others 4 It is shameful for parents to suffer/die from HIV/AIDS 5 Other _____ Don't Know 88 No Response 99	

### 3.3: HIV/AIDS Issues and Relationships in Household (continued)

No.	Questions and Filters	Coding Categories	Skip to
Q336	Do you think parents with HIV or AIDS should talk about their health condition with their children?	Yes 1 No 2 Maybe or in some cases 3 Don't Know 88 No Response 99	If no, skip to Q338
Q337	If yes or maybe, why is that? (Do not read the response. CIRCLE response mentioned for this and all other with similar responses, AND always probe a minimum of 3 times to get further answers.)	So children can prepare emotionally 1 So children can prepare practically 2 So children can avoid AIDS themselves 3 So children can know the truth, why parent died 4 So children can know what to do when parent is sick, dies 5 So that wills, property can be discussed 6 So that guardians can be appointed 7 Other _____ Don't Know 88 No Response 99	Skip to Q339
Q338	If no, why? (Do not read the response. CIRCLE response mentioned for this and all other with similar responses, AND always probe a minimum of 3 times to get further answers.)	I can't stand it 1 It is upsetting, sad to talk about 2 There is nothing one can do to prepare 3 Children may not keep a secret, may tell others 4 It is shameful for parents to suffer/die from HIV/AIDS 5 HIV/AIDS issues are for adults 6 Other _____ Don't Know 88 No Response 99	
Q339	How many children lived with you in your parents' /guardian's home before moving?	Boys _____ (indicate number) Girls _____ (indicate number) Don't Know 88 No Response 99	
Q340	How many have the same parents as yourself?	Boys _____ (indicate number) Girls _____ (indicate number) Don't Know 88 No Response 9	
Q341	How many of these children live with you now in the same household?	Boys _____ (indicate number) Girls _____ (indicate number) Don't Know 88 No Response 9	

(Interviewer: If the total number of children in Q339 and Q341 are not EXACTLY the same, proceed with Q342. If the totals in Q339 and Q341 are IDENTICAL, then skip to Q346.)

Q342	Do you visit your brothers /sisters or the other children who used to live with you but now live away from this home?	Yes 1 No 2 Maybe or in some cases 3 Don't Know 88 No Response 99	If no, skip to Q344
Q343	How often do you visit your brothers and sisters who live elsewhere?	Daily 1 Weekly 2 Monthly 3 Every few months 4 Only one time each year 5 Other----- Don't Know 88 No Response 99	



### 3.3: HIV/AIDS Issues and Relationships in Household (continued)

No.	Questions and Filters	Coding Categories	Skip to
Q344	How do you feel about being separated from your brothers/ sisters or other children?  (Do not read the response. CIRCLE response mentioned for this and all other with similar responses, AND always probe a minimum of 3 times to get further answers.)	Sad, unhappy 1 Sorrowful 2 Worried 3 Angry 4 Scared 5 Isolated, alone 6 Resolute, determined 7 Comforted, relieved 8 Happy, contented 9 Other _____ Don't Know 88 No Response 99	
Q345	How do you think your brothers, sisters or other children feel about being separated?  (Do not read the response. CIRCLE response mentioned for this and all other with similar responses, AND always probe a minimum of 3 times to get further answers.)	Sad, unhappy 1 Sorrowful 2 Worried 3 Angry 4 Scared 5 Isolated, alone 6 Resolute, determined 7 Comforted, relieved 8 Happy, contented 9 Other _____ Don't Know 88 No Response 99	
Q346	How do you get along with your brothers, sisters, and the other children you moved with into this household?	Very well 1 Well 2 Poorly 3 Very poorly 4 Not applicable (no other children) 5 Don't Know 88 No Response 99	
Q347	What changes have occurred in your relationship with your brothers and sisters since you moved into this household?	_____ _____ _____	
Q348	How do you get along with the other children in your current household?	Very well 1 Well 2 Poorly 3 Very poorly 4 Not applicable (no other children) 5 Don't Know 88 No Response 99	
Q349	How do you get along with your guardian?	Very well 1 Well 2 Poorly 3 Very poorly 4 Don't Know 88 No Response 99	
Q350	How do you feel living in this home?	Very happy 1 Happy 2 Sometimes happy 3 Sad 4 Very unhappy 5 Don't Know 88 No Response 99	

### 3.3: HIV/AIDS Issues and Relationships in Household (continued)

No.	Questions and Filters	Coding Categories	Skip to
Q351	Give reasons why you feel this way?	There is food 1 There are clothes 2 They treat me well 3 Pay for school 4 I am beaten 5 I am mistreated 6 Have more chores 7 Other _____ Don't Know 88 No Response 99	
Q352	How do you spend your free time? (Do not read the response. CIRCLE response mentioned for this and all other with similar responses, AND always probe a minimum of 3 times to get further answers.)	Football, other sports, physical activity 1 Taking "drugs" 2 Being with friends, playing 3 Being with friends, drinking beer 4 Going to Church 5 Dance, music, drama 6 Having boy/girl friend 7 Reading 8 Crafts, weaving, art, basketry 9 Other _____ No Response 99	

### 3.4: Child/Guardian Relationship

Q353	With whom do you spend <u>most</u> time? (Relationship to child) (Only one response is allowed.)	Y N Guardian 1 2 a Guardian's husband 1 2 b Guardian's wife 1 2 c Guardian's relative 1 2 d Child's brothers 1 2 e Child's sisters 1 2 f Child's foster brother 1 2 g Child's foster sister 1 2 h Guardian's friend 1 2 i Child's friends 1 2 j No one, keep to myself 1 2 k Mother 1 2 l Father 1 2 m Other _____ Don't Know 88 No Response 99	
Q354	What do you do when you have a problem?	Talk to somebody 1 Cry 2 Ignore it 3 Pray 4 Nothing (keep it to myself) 5 Other _____ Don't Know 88 No Response 99	

### 3.4: Child/Guardian Relationship (continued)

No.	Questions and Filters	Coding Categories	Skip to																																																			
Q355	Who is the first person you talk to when you have a problem or a worry? (Only one response is allowed.) (Do not read out responses.)	<table><tr><td></td><td>Y</td><td>N</td></tr><tr><td>Guardian</td><td> </td><td>2 a</td></tr><tr><td>Guardian's husband</td><td> </td><td>2 b</td></tr><tr><td>Guardian's wife</td><td> </td><td>2 c</td></tr><tr><td>Guardian's relative</td><td> </td><td>2 d</td></tr><tr><td>Child's brothers</td><td> </td><td>2 e</td></tr><tr><td>Child's sisters</td><td> </td><td>2 f</td></tr><tr><td>Child's foster brother</td><td> </td><td>2 g</td></tr><tr><td>Child's foster sister</td><td> </td><td>2 h</td></tr><tr><td>Guardian's friend</td><td> </td><td>2 i</td></tr><tr><td>Child's friends</td><td> </td><td>2 j</td></tr><tr><td>No one, keep to myself</td><td> </td><td>2 k</td></tr><tr><td>Mother</td><td> </td><td>2 l</td></tr><tr><td>Father</td><td> </td><td>2 m</td></tr><tr><td>Other _____</td><td></td><td></td></tr><tr><td>Don't Know</td><td></td><td>88</td></tr><tr><td>No Response</td><td></td><td>99</td></tr></table>		Y	N	Guardian		2 a	Guardian's husband		2 b	Guardian's wife		2 c	Guardian's relative		2 d	Child's brothers		2 e	Child's sisters		2 f	Child's foster brother		2 g	Child's foster sister		2 h	Guardian's friend		2 i	Child's friends		2 j	No one, keep to myself		2 k	Mother		2 l	Father		2 m	Other _____			Don't Know		88	No Response		99	If response is "no one/keep to myself," skip to Q357
	Y	N																																																				
Guardian		2 a																																																				
Guardian's husband		2 b																																																				
Guardian's wife		2 c																																																				
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Father		2 m																																																				
Other _____																																																						
Don't Know		88																																																				
No Response		99																																																				
Q356	If this person is not available to talk to, who is the next person you go to when you have a problem? (Only one response is allowed.) (Do not read out responses.)	<table><tr><td></td><td>Y</td><td>N</td></tr><tr><td>Guardian</td><td> </td><td>2 a</td></tr><tr><td>Guardian's husband</td><td> </td><td>2 b</td></tr><tr><td>Guardian's wife</td><td> </td><td>2 c</td></tr><tr><td>Guardian's relative</td><td> </td><td>2 d</td></tr><tr><td>Child's brothers</td><td> </td><td>2 e</td></tr><tr><td>Child's sisters</td><td> </td><td>2 f</td></tr><tr><td>Child's foster brother</td><td> </td><td>2 g</td></tr><tr><td>Child's foster sister</td><td> </td><td>2 h</td></tr><tr><td>Guardian's friend</td><td> </td><td>2 i</td></tr><tr><td>Child's friends</td><td> </td><td>2 j</td></tr><tr><td>No one, keep to myself</td><td> </td><td>2 k</td></tr><tr><td>Mother</td><td> </td><td>2 l</td></tr><tr><td>Father</td><td> </td><td>2 m</td></tr><tr><td>Other _____</td><td></td><td></td></tr><tr><td>Don't Know</td><td></td><td>88</td></tr><tr><td>No Response</td><td></td><td>99</td></tr></table>		Y	N	Guardian		2 a	Guardian's husband		2 b	Guardian's wife		2 c	Guardian's relative		2 d	Child's brothers		2 e	Child's sisters		2 f	Child's foster brother		2 g	Child's foster sister		2 h	Guardian's friend		2 i	Child's friends		2 j	No one, keep to myself		2 k	Mother		2 l	Father		2 m	Other _____			Don't Know		88	No Response		99	
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Q357	What is the relationship to your guardian?	<table><tr><td></td><td>Y</td><td>N</td></tr><tr><td>Mother</td><td> </td><td>2 a</td></tr><tr><td>Father</td><td> </td><td>2 b</td></tr><tr><td>Aunt</td><td> </td><td>2 c</td></tr><tr><td>Uncle</td><td> </td><td>2 d</td></tr><tr><td>Grandmother</td><td> </td><td>2 e</td></tr><tr><td>Grandfather</td><td> </td><td>2 f</td></tr><tr><td>Sister</td><td> </td><td>2 g</td></tr><tr><td>Brother</td><td> </td><td>2 h</td></tr><tr><td>Neighbor</td><td> </td><td>2 i</td></tr><tr><td>Cousin</td><td> </td><td>2 j</td></tr><tr><td>Other _____</td><td></td><td></td></tr><tr><td>Don't Know</td><td></td><td>88</td></tr><tr><td>No Response</td><td></td><td>99</td></tr></table>		Y	N	Mother		2 a	Father		2 b	Aunt		2 c	Uncle		2 d	Grandmother		2 e	Grandfather		2 f	Sister		2 g	Brother		2 h	Neighbor		2 i	Cousin		2 j	Other _____			Don't Know		88	No Response		99										
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Brother		2 h																																																				
Neighbor		2 i																																																				
Cousin		2 j																																																				
Other _____																																																						
Don't Know		88																																																				
No Response		99																																																				
Q358	Before the guardian began to take care of you, how often did you see him/her?	<table><tr><td>Lived in same household, all the time</td><td>1</td></tr><tr><td>A few times a week</td><td>2</td></tr><tr><td>A few times a month</td><td>3</td></tr><tr><td>Rarely</td><td>4</td></tr><tr><td>Never</td><td>5</td></tr><tr><td>Don't Know</td><td>88</td></tr><tr><td>No Response</td><td>99</td></tr></table>	Lived in same household, all the time	1	A few times a week	2	A few times a month	3	Rarely	4	Never	5	Don't Know	88	No Response	99																																						
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No Response	99																																																					
Q359	Before the guardian began to take care of you, how well did you know him/her?	<table><tr><td>Very well</td><td>1</td></tr><tr><td>A little bit</td><td>2</td></tr><tr><td>Not at all</td><td>3</td></tr><tr><td>Don't Know</td><td>88</td></tr><tr><td>No Response</td><td>99</td></tr></table>	Very well	1	A little bit	2	Not at all	3	Don't Know	88	No Response	99																																										
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No Response	99																																																					

### 3.4: Child/Guardian Relationship (continued)

No.	Questions and Filters	Coding Categories	Skip to
Q360	After the guardian began to take care of you, how well do you like him/her?	Very Well 1 A little bit 2 Not at all 3 Don't Know 88 No Response 99	
Q361	When the guardian FIRST began to care for you, how did you feel about the new household?  (Do not read the response. CIRCLE response mentioned for this and all other with similar responses, AND always probe a minimum of 3 times to get further answers.)	Sad, unhappy 1 Sorrowful 2 Worried 3 Angry 4 Scared 5 Isolated, alone 6 Resolute, determined 7 Comforted, relieved 8 Happy, contented 9 Other _____ Don't Know 88 No Response 99	
Q362	What is different about your life since you moved into this household?  (Do not read the response. CIRCLE response mentioned for this and all other with similar responses, AND always probe a minimum of 3 times to get further answers.)	<div style="display: flex; justify-content: space-between;"> <div>           My school attendance has declined or stopped            My grades have worsened            I have to do more chores            I have to take care of smaller children            We have less food/ money as a family            I have less food/ clothes as an individual            Nothing         </div> <div>           Y N            I 2 a            I 2 b            I 2 c            I 2 d            I 2 e            I 2 f            I 2 g            I 2 h         </div> </div> Other _____ Not at all 0 Don't Know 88 No Response 99	
Q363	How has living with this guardian in his/her household affected the way you feel about life?  (Do not read the response. CIRCLE response mentioned for this and all other with similar responses, AND always probe a minimum of 3 times to get further answers.)	Sad, unhappy 1 Sorrowful 2 Worried 3 Angry 4 Scared 5 Isolated, alone 6 Resolute, determined 7 Comforted, relieved 8 Happy, contented 9 Other _____ Don't Know 88 No Response 99	
Q364	What would you like your guardian to do more of?	Spend time with me 1 Take me to see my brothers and sisters 2 Teach me to cook 3 Other _____ Don't Know 88 No Response 99	
Q365	What would you like your guardian to do less of?	_____ _____ _____ Don't Know 88 No Response 99	
<b>(Interviewer: Ask Q366 only if the child has lost one or both parents. If BOTH parents are alive, skip to Q368.)</b>			
Q366	Do your teachers know about your parent(s)/guardian(s) death?  (Ask school-going children only.)	Yes 1 No 2 Maybe or in some cases 3 Don't Know 88 No Response 99	If no, skip to Q368

### 3.4: Child/Guardian Relationship (continued)

No.	Questions and Filters	Coding Categories	Skip to
Q367	If yes, do you think that they treat you better; worse or the same as other children?	Better 1 Same 2 Worse 3 Don't Know 88 No Response 99	
Q368	Do you think that adults treat orphans differently from other children?	Yes 1 No 2 Don't Know 88 No Response 99	If no, skip to Q372
Q369	If yes, how do they treat orphans differently? (Probe for more responses.)	Favouring those with parents 1 Support provided not equal 2 Mistreat them 3 Treat them kindly 4 Favour orphans 5 Love given is conditional 6 Orphans have to work for things 7 Other _____ Don't Know 88 No Response 99	
Q370	Do they treat you this way? (Probe if they say NO here and YES to Q368.)	Yes 1 No 2 Don't Know 88 No Response 99	If no, skip to Q372
Q371	If yes, how does this make you feel? (Do not read the response. CIRCLE response mentioned for this and all other with similar responses, AND always probe a minimum of 3 times to get further answers.)	Sad, unhappy 1 Sorrowful 2 Worried 3 Angry 4 Scared 5 Isolated, alone 6 Resolute, determined 7 Comforted, relieved 8 Happy, contented 9 Other _____ Don't Know 88 No Response 99	
Q372	Does your guardian treat you better; the same or worse in relation to his own children?	Better 1 Same 2 Worse 3 No own biological children 4 Don't Know 88 No Response 99	
Q373	Does your guardian treat you better; the same or worse compared to the other children you found when you moved into this household?	Better 1 Same 2 Worse 3 No other children in the h/hold 4 Don't Know 88 No Response 99	
Q374	How are you treated?	Roughly 1 Fairly 2 Caringly 3 Other _____ Don't Know 88 No Response 99	
Q375	How are the other children in the household treated? (If there are no other children, skip Q375 AND go to Q376.)	Roughly 1 Fairly 2 Caringly 3 Other _____ Don't Know 88 No Response 99	



### 3.4: Child/Guardian Relationship (continued)

No.	Questions and Filters	Coding Categories	Skip to
Q376	How does such treatment make you feel? (Do not read the response. CIRCLE response mentioned for this and all other with similar responses AND, always probe a minimum of 3 times to get further answers.)	Sad, unhappy 1 Sorrowful 2 Worried 3 Angry 4 Scared 5 Isolated, alone 6 Resolute, determined 7 Comforted, relieved 8 Happy, contented 9 Other _____ Don't Know 88 No Response 99	

### 3.5: Child's Feelings on Late Mother/Father/Guardian

Q377	What major things are you not able to do now which you liked doing when your mother/ father/guardian was alive?	_____ _____ Don't Know 88 No Response 99	
Q378	Is there anything still bothering you about your parents/ guardian death?	Yes 1 No 2 Don't Know 88 No Response 99	If no, skip to Q380
Q379	If yes , what is it? (We expect psychosocial responses such as; "I wonder what he died of" or "I dream about him all the time".	_____ _____ Don't Know 88 No Response 99	
Q380	Do you have any special personal items of your mother/father/guardian?	Yes 1 No 2 Don't Know 88 No Response 99	If no, skip to Q384
Q381	What are those items that you have?	Photos 1 Letters 2 Identification book 3 Bible 4 Clothes 5 Jewelry 6 Other _____ Don't Know 88 No Response 99	
Q382	When do you look at these things?	When I am Sad 1 When I am feeling lonely 2 When I want to be closer to my parents guardians 3 Not Applicable 4 Other (times) _____ Don't Know 88 No Response 99	
Q383	How do you feel when you see these things?	Content 1 Happy 2 Warm 3 Sad 4 Angry 5 Not Applicable 6 Other _____ Don't Know 88 No Response 99	

### 3.5: Child's Feelings on Late Mother/Father/Guardian (continued)

No.	Questions and Filters	Coding Categories	Skip to
Q384	Do you wish that you could have some of these things?	Yes 1 No 2 Don't Know 88 No Response 99	If no, skip to Q401
Q385	Which ones?	_____ _____ Don't Know 88 No Response 99	
Q386	Why those items?	_____ _____ Don't Know 88 No Response 99	

### Section 4: Risk-Taking

In this section, you are trying to establish the respondent's level of knowledge and involvement in sexual activity. Reassure the respondent of the confidentiality of the information he or she will provide.

Q401	Do you have a boy/girl friend?	Yes 1 No 2 Don't Know 88 No Response 99	
Q402	Have you ever had sexual intercourse?	Yes 1 No 2 Don't Know 88 No Response 99	
Q403	Have you ever had sexual intercourse against your will?	Yes 1 No 2 Don't Know 88 No Response 99	
Q404	Do you know what a condom is?	Yes 1 No 2 Don't Know 88 No Response 99	If no, skip to Q406
Q405	(Interviewer: If "no" to Q402 and Q403, DO NOT ASK Q405. Instead, skip to Q409.) How often do you use a condom when you are having sexual intercourse?	All the time 1 Sometimes 2 Very rarely 3 Never/Not at all 4 Used it only once 5 Don't Know 88 No Response 99	
Q406	Have you ever been pregnant before? (female respondents) OR have you ever made anyone pregnant before? (male respondents)	Yes 1 No 2 Don't Know 88 No Response 99	If no, skip to Q409
Q407	Do you have children of your own? (Both male and female respondents)	Yes 1 No 2 Don't Know 88 No Response 99	
Q408	If yes, do you stay with your children in this household?	Yes 1 No 2 Don't Know 88 No Response 99	
Q409	Do you take any alcoholic drinks?	Yes 1 No 2 No Response 99	If no, skip to Q412

### Section 4: Risk-Taking (continued)

No.	Questions and Filters	Coding Categories	Skip to
Q410	How often do you take alcoholic drinks (Interviewer: READ out loud and CIRCLE one.)	Every day 1 A minimum of once a week 2 Less than once a week 3 On special occasions 4 Never 5 Don't Know 88 No Response 99	If never; skip to Q412
Q411	What type of alcoholic drinks do you take?	Lagers (e.g. Mosi, Rhino, Castle) 1 Opaque Beers (e.g. Chibuku, Shake Shake) 2 Wines (e.g. Afrikoko) 3 Traditional Brews (e.g. 7days, Mutete) 4 Spirits/Kachasu (e.g. Vodka, John Walker) 5 Other _____	
Q412	Have you ever taken any drugs?	Yes 1 No 2 No Response 99	If no, skip to Q501
Q413	Which of the following have you tried? (Interviewer read list.)	DK NR Cigarettes 1 88 99 Mbanje/dagga 2 88 99 Valium 3 88 99 Sniffing glue 4 88 99 Sniffing petrol 5 88 99 Jenekene 6 88 99 Other _____	

### Section 5: Decision-Making Processes

In this section you are gathering information on the extent to which the respondent is involved in decision-making issues that directly affect him/her.

Q501	Are you living with someone other than your mother or father? (Interviewers: You should know the answer to this already. If you do not, then get clarification here and let the child know you are just trying to be very clear.)	Yes 1 No 2 Don't Know 88 No Response 99	If no, skip to Q601
Q502	Who made the decision for you to move to this household?	Surviving parent 1 Aunt/uncle 2 Grand mother/father 3 Other relative(s) 4 Brother(s)/sister(s) 5 Myself 6 Other _____ Don't Know 88 No Response 99	
Q503	Were you consulted?	Yes 1 No 2 Don't Know 88 No Response 99	
Q504	When were you told where you would be living? (Interviewer: Read options.)	Before your parent died 1 After your parent died 2 Don't Know 88 No Response 99	
Q505	Where did you live when your parent/s were still alive? (This question is directed at orphans only.)	_____ _____ Don't Know 88 No Response 99	

### Section 5: Decision-Making Processes (continued)

No.	Questions and Filters	Coding Categories	Skip to
Q506	How long have you lived in this house?	Less than 6 months 1 6 to 10 months 2 11 to 15 months 3 16 to 20 months 4 21 to 24 months 5 More than 25 months 6 Don't Know 88 No Response 99	
Q507	Where did you live before you came here?	   Don't Know 88 No Response 99	
Q508	What was the main reason for your moving to this home? (More than one response is possible.)	Death of father 1 Death of mother 2 Death of guardian 3 To attend school 4 Death of mother and father 5 Other _____ Don't Know 88 No Response 99	
Q509	How many homes have you lived in so far including this one since your parents/guardians died?	Number of homes _____	If no, skip to Q601
Q510	Did your parents/guardians make any plans for you and your brothers and sisters before they died?	Yes 1 No 2 Don't Know 88 No Response 99	
Q511	If so, was it adhered to?	Yes 1 No 2 Don't Know 88 No Response 99	

### Section 6: Emotional Well-Being Checklist

This section attempts to establish how the child is coping with his/her loss. Interviewer, be sensitive and gentle.

Q601	How often would you say that you have scary dreams or nightmares?	Often 1 Sometimes 2 Never 3 Don't Know 88 No Response 99	
Q602	How often would you say that you ever feel unhappy?	Often 1 Sometimes 2 Never 3 Don't Know 88 No Response 99	
Q603	How often would you say that you ever get into fights with other children?	Often 1 Sometimes 2 Never 3 Don't Know 88 No Response 99	
Q604	How often would you say that you prefer to be alone, instead of playing with other children?	Often 1 Sometimes 2 Never 3 Don't Know 88 No Response 99	
Q605	Who do you play with?	 No one 0 Don't Know 88 No Response 99	

## Section 6: Emotional Well-Being Checklist (continued)

No.	Questions and Filters	Coding Categories		Skip to
Q606	How often would you say that you ever feel worried?	Often	1	If never; skip to Q608
		Sometimes	2	
		Never	3	
		Don't Know	88	
		No Response	99	
Q607	What kinds of things do you worry about?	Nothing	0	
		Don't Know	88	
		No Response	99	
Q608	How often would you say that you feel frustrated easily when something does not go your way?	Often	1	
		Sometimes	2	
		Never	3	
		Don't Know	88	
		No Response	99	
Q609	How often do you feel happy?	Often	1	If never; skip to Q611
		Sometimes	2	
		Never	3	
		Don't Know	88	
		No Response	99	
Q610	What makes you happy?	Nothing	0	
		Don't Know	88	
		No Response	99	
Q611	How often would you say that you ever become very angry?	Often	1	
		Sometimes	2	
		Never	3	
		Don't Know	88	
		No Response	99	
Q612	How often would you say that you ever feel afraid of new situations?	Often	1	
		Sometimes	2	
		Never	3	
		Don't Know	88	
		No Response	99	
Q613	How often would you say that you ever have trouble falling asleep?	Often	1	
		Sometimes	2	
		Never	3	
		Don't Know	88	
		No Response	99	
Q614	How often would you say that you ever have difficulty making friends?	Often	1	
		Sometimes	2	
		Never	3	
		Don't Know	88	
		No Response	99	
Q615	How often do you feel hopeful?	Often	1	If never; skip to Q617
		Sometimes	2	
		Never	3	
		Don't Know	88	
		No Response	99	
Q616	What makes you feel hopeful?	Nothing	0	
		Don't Know	88	
		No Response	99	
Q617	How often would you say that you ever feel like running away from home?	Often	1	If never; skip to Q620
		Sometimes	2	
		Never	3	
		Don't Know	88	
		No Response	99	



## Section 6: Emotional Well-Being Checklist (continued)

No.	Questions and Filters	Coding Categories	Skip to
Q618	When did you start feeling like this?	<div>_____</div> <div>Don't Know 88</div> <div>No Response 99</div>	
Q619	How many times in the last 6 months have you actually run away from home?	<div>Number of times in last 6 months _____</div> <div>Don't Know 88</div> <div>No Response 99</div>	
Q620	How often would you say that you ever refuse eating at mealtimes?	<div>Often 1</div> <div>Sometimes 2</div> <div>Never 3</div> <div>Don't Know 88</div> <div>No Response 99</div>	
Q621	What is something you can do tonight to have fun?	<div>_____</div> <div>Nothing 0</div> <div>Don't Know 88</div> <div>No Response 99</div>	
Q622	What is something that you are looking forward to doing in the next week?	<div>_____</div> <div>Nothing 0</div> <div>Don't Know 88</div> <div>No Response 99</div>	
Q623	Tell me something about your life that makes you happy?	<div>_____</div> <div>Nothing 0</div> <div>Don't Know 88</div> <div>No Response 99</div>	
Q624	Who do you admire most? (Interviewer: Please indicate name of person admired and profession)	<div>_____</div> <div>Don't Know 88</div> <div>No Response 99</div>	

SCOPE and Family Health International  
**Quantitative Interview: Orphans and Vulnerable Children**  
**Baseline Survey for Heads of Households**

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**SECTION 0: IDENTIFICATION DATA**

001 QUESTIONNAIRE IDENTIFICATION NUMBER |\_\_|\_\_|\_\_|

002 District\_\_\_\_\_ 003 Compound\_\_\_\_\_

Introduction:

“My name is \_\_\_\_\_ and I’m working for SCOPE. We’re interviewing people here in [name of compound] to find out about the situation facing families who have children under the age of 25.”

“How many children under the age of 25 live with you in this house? \_\_\_\_\_?” (If ZERO, thank them for their time and explain that you cannot interview them.)

“Have you been interviewed in the past few weeks for this study?” IF THE RESPONDENT HAS BEEN INTERVIEWED BEFORE, DO NOT INTERVIEW THIS PERSON AGAIN. Tell them you cannot interview them a second time, thank them, and end the interview. If they have not been interviewed before, continue: “We will be using this information to guide community organizations in doing their work. We want to make sure that we find out from you, the community, what your needs are so that the organizations can serve you better.”

Confidentiality and Consent: “I’m going to ask you some very personal questions that some people find difficult to answer. Your answers are completely confidential. Your name will not be written on this form, and will never be used in connection with any of the information you tell me. You do not have to answer any questions that you do not want to answer, and you may end this interview at any time you want. However, your honest answers to these questions will help us better understand the circumstances that many people are living with, and we will use the information to create better support programs. We would greatly appreciate your help in responding to this survey. The survey will take about 45 minutes. Would you be willing to participate?”

Signature of Interviewer \_\_\_\_\_

(certifying that informed consent has been given verbally by respondent)

Incomplete Interviews Log

	Visit 1	Visit 2	Visit 3
Date			
Interviewer			
Comment			

Comment codes: Appointment made for later today 1; Appointment made for another day 2; Refused to continue and no appointment made 3; Other (Specify) 4.

004 INTERVIEWER: Code [\_\_|\_\_] Name\_\_\_\_\_

005 DATE INTERVIEW: \_\_\\_\_\\_\_

CHECKED BY SUPERVISOR: Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Head of Household Questionnaire Includes the Following Sections:

Section 0 – Questionnaire Identification Data (5 Codes)

Section 1 – Background Characteristics 12 Questions

Section 2 – Marriage 4 Questions

Section 3 – Perceptions of Guardians on HIV/AIDS and Related Issues 28 Questions

Section 4 – General Livelihood Issues 8 Questions

Section 5 – Household Economic Status 18 Questions

Section 6 – Relationships in Household 10 Questions

Section 7 – Children's Education Experience 9 Questions

Section 8 – Psychosocial Issues 26 Questions

Section 9 – Emotional Well-being Checklist 18 Questions

Section 10 – Household Access to Support Services 19 Questions

Total Number of Questions: 152 Questions

### **PSSP's Comments**

## Section I: Background Characteristics

No.	Questions and Filters	Coding Categories	Skip to
Q101	Are you the head of the household?	Yes 1 No 2 Don't Know 88 No Response 99	
Q102	Record sex of the respondent	Male 1 Female 2	
Q103	In what month and year were you born?	Month [ ][ ] Don't Know Month 88 No Response 99 Year [ ][ ] Don't Know Month 88 No Response 99	
Q104	How old were you at your last birthday? (Compare and correct Q103 if needed)	Age In Completed Years [ ][ ] Don't Know Month 88 No Response 99 Estimate Best Answer _____	
Q105	Have you ever attended formal school?	Yes 1 No 2 Don't Know 88 No Response 99	If no, skip to Q108
Q106	What is the highest level of school you completed: primary, secondary or higher? (CIRCLE one)	Primary 1 Secondary 2 Higher 3 None 4 Don't Know 88 No Response 99	
Q107	How many total years of education have you completed up to now?	# Years Completed _____ Don't Know 88 No Response 99	
Q108	Have you ever studied with a tutor or attended classes for adult education?	No 0 Tutor 1 Adult Education 2 Don't Know 88 No Response 99	
Q109	How long have you lived here in: (Name of community/ town neighborhood/ village)?	Number Of Years _____ _____ Record 00 If Less Than 1 Year Don't Know 88 No Response 99	
Q110	In the last 12 months have you been away from your home for more than one month altogether?	Yes 1 No 2 Don't Know 88 No Response 99	
Q111	What religion are you? (CIRCLE one)	No Religion 0 Christian 1 Jehovah's Witness 2 Muslim 3 Hindu 4 Bahai 5 Traditional 6 Don't Know 88 No Response 99	
Q112	What tribe are you?	_____ (Fill In Appropriate Tribe) Don't Know 88 No Response 99	

## Section 2: Marriage and Live-In Partnerships

No.	Questions and Filters	Coding Categories	Skip to
Q201	What is your marital status? (READ the list and ask respondent to select which one best fits their situation.)	Single never been married 1 Single now but divorced 2 Single now but separated 3 Single now but widowed 4 Currently married for the first time 5 Currently married but also divorced 6 Currently married but separated 7 Currently married but also widowed 8 Other _____ Don't Know 88 No Response 99	If no, skip to Q301
Q202	How old were you when you first married?	Age in years [ ][ ] Don't Know 88 No Response 99	
Q203	IF MARRIED: MEN: Do you have more than one wife? WOMEN: Does your husband have other wives?	Yes 1 No 2 Don't Know 88 No Response 99	If no, skip to Q301
Q204	How many wives are in this family?	Write down number of wives	

## Section 3: Perceptions of Guardians on HIV/AIDS and Related Issues

Q301	In the past 6 months, have you seen an increase in the number of orphans living in your neighborhood?	Yes 1 No 2 Don't Know 88 No Response 99	
Q302	What are the main reasons that children are being orphaned in your area?	Poverty 1 Accidental deaths 2 HIV/AIDS 3 Tuberculosis 4 Other _____ Don't Know 88 No Response 99	
Q303	In the past 6 months, have you seen an increase in the number of children in-need living in your neighbourhood?	Yes 1 No 2 Don't Know 88 No Response 99	
Q304	What are the main reasons that children are becoming vulnerable in your area?	Poverty 1 Accidental deaths 2 HIV/AIDS 3 Tuberculosis 4 Other _____ Don't Know 88 No Response 99	
Q305	In the past 6 months, have you seen an increase in the number of families taking care of orphaned children in your neighborhood?	Yes 1 No 2 Don't Know 88 No Response 99	
Q306	In the past 6 months, have you seen an increase in the number of families taking care of vulnerable children in your neighborhood?	Yes 1 No 2 Don't Know 88 No Response 99	

### Section 3: Perceptions of Guardians on HIV/AIDS and Related Issues (continued)

No.	Questions and Filters	Coding Categories	Skip to
Q307	Do you have any close friends or relatives that you suspect are living with HIV/AIDS?	Yes 1 No 2 Don't Know 88 No Response 99	
Q308	Do you have any close friends or relatives that you suspect have died of HIV/AIDS?	Yes 1 No 2 Don't Know 88 No Response 99	
Q309	Can you tell if someone is suffering from HIV/AIDS?	Yes 1 No 2 Don't Know 88 No Response 99	If no, skip to Q311
Q310	How can you tell if someone has HIV/AIDS?	_____ _____ _____	
Q311	In the past 6 months, have you seen an increase in the number of people with HIV/AIDS?	Yes 1 No 2 Don't Know 88 No Response 99	
Q312	Do you suspect that any of the parents of the children you have taken in, died from HIV/AIDS?	Yes 1 No 2 Don't Know 88 No Response 99	
Q313	Do you suspect that the child has HIV/AIDS?	Yes 1 No 2 Don't Know 88 No Response 99	
Q314	(I do not want to know the result, but) have you taken the child for an HIV test?	Yes 1 No 2 Other _____ Don't Know 88 No Response 99	
Q315	If yes, did you discuss/consult with the child before taking him/her for a test?	Yes 1 No 2 Don't Know 88 No Response 99	
Q316	If the parents did not die from HIV/AIDS, what was the cause of death?	TB 1 2 a Malaria 1 2 b Abortion 1 2 c Cancer 1 2 d Short illness 1 2 e Long illness 1 2 f Pneumonia 1 2 g Accident 1 2 h Diarrhea 1 2 i Epilepsy 1 2 j Other _____ Don't Know 88 No Response 99	
Q317	Have you told the child(ren) the cause of their parents' death?	Yes 1 No 2 Don't Know 88 No Response 99	



### Section 3: Perceptions of Guardians on HIV/AIDS and Related Issues (continued)

No.	Questions and Filters	Coding Categories	Skip to
Q318	If yes, what did you tell him or her?	<div>_____</div> <div>_____</div> <div>_____</div> <div>Don't Know 88</div> <div>No Response 99</div>	
Q319	Has anyone else told the children the cause for their parents' death?	<div>Yes 1</div> <div>No 2</div> <div>Other: _____</div> <div>Don't Know 88</div> <div>No Response 99</div>	If no, skip to Q321
Q320	Who told the children the cause for their parent/s' death?	<div>Y N</div> <div>Uncle 1 2 a</div> <div>Aunt 1 2 b</div> <div>Grand father 1 2 c</div> <div>Grand mother 1 2 d</div> <div>Step-Mother 1 2 e</div> <div>Step-Father 1 2 f</div> <div>Brother 1 2 g</div> <div>Sister 1 2 h</div> <div>Mother 1 2 i</div> <div>Father 1 2 j</div> <div>Cousin 1 2 k</div> <div>Neighbor 1 2 l</div> <div>Family friend 1 2 m</div> <div>Other: _____</div> <div>Don't Know 88</div> <div>No Response 99</div>	Interviewer: Please ignore the letters (a, b, c, etc.) They are for data entry.
Q321	What are the biggest needs for orphaned and vulnerable children?  DO NOT READ THE LIST. (Let the respondent answer the question and circle any that they mention. Multiple responses are permissible.)	<div>Financial support 1</div> <div>Educational support 2</div> <div>Skills training 3</div> <div>Medical support 4</div> <div>Socio-emotional support 5</div> <div>Adjustment 6</div> <div>Other: _____</div> <div>Don't Know 88</div> <div>No Response 99</div>	
Q322	What are the main concerns that you have for the child(ren) you have taken in?  DO NOT READ THE LIST. (Let the respondent answer the question and circle any that they mention. Multiple responses are permissible.)	<div>Financial support 1</div> <div>Educational support 2</div> <div>Skills training 3</div> <div>Medical support 4</div> <div>Socio-emotional support 5</div> <div>Adjustment 6</div> <div>Other: _____</div> <div>Don't Know 88</div> <div>No Response 99</div>	
Q323	What is the biggest concern facing your community with regards to HIV/AIDS?  DO NOT READ THE LIST. (Let the respondent answer the question and circle any that they mention. Multiple responses are permissible.)	<div>The problem is getting worse 1</div> <div>Not enough is being done 2</div> <div>People are too afraid of it 3</div> <div>There is a lot of discrimination 4</div> <div>There is not enough information 5</div> <div>Other: _____</div> <div>Don't Know 88</div> <div>No Response 99</div>	

### Section 3: Perceptions of Guardians on HIV/AIDS and Related Issues (continued)

No.	Questions and Filters	Coding Categories	Skip to
Q324	Do you talk to children about sex?	Yes 1 No 2 Don't Know 88 No Response 99	
Q325	Do you talk to children in your household about HIV/AIDS?	Yes 1 No 2 Don't Know 88 No Response 99	
Q326	Do you talk about these issues in your family?	Yes 1 No 2 Don't Know 88 No Response 99	
Q327	Do you feel the need that children should know about these things?	Yes 1 No 2 Don't Know 88 No Response 99	
Q328	What particular problems do you think this child may be facing?  DO NOT READ THE LIST. (Let the respondent answer the question and circle any that they mention. Multiple responses are permissible.)	Financial support 1 Educational support 2 Skills training 3 Medical support 4 Socio-economical support 5 Adjustment to new home 6 Other _____ Don't Know 88 No Response 99	

### Section 4: General Livelihood Issues

Make sure that HEADS of HOUSEHOLDS AGES 18 & BELOW answer questions Q401 to Q403). The other HEADS of HOUSEHOLDS should not be asked these three questions, but should answer the other questions.

Q401	When did you assume the responsibility of being the head of this household?	Less than 6 months ago 1 7 months to 1 year ago 2 Over 1 to 2 years ago 3 more than 2 years ago 4 Don't Know 88 No Response 99	
Q402	How many biological (they have the same mother and father as you) brothers and sisters are you looking after in this household?	Brothers _____ (indicate number) Sisters _____ (indicate number) Don't Know 88 No Response 99	
Q403	How many other children (they do not have the same mother and father as you) are you taking care of? (This can be None or 0.)	Brothers _____ (indicate number) Sisters _____ (indicate number) None 0 Don't Know 88 No Response 99	
Q404	Are you in gainful employment?	Yes 1 No 2 Don't Know 88 No Response 99	If yes, skip to Q406

#### Section 4: General Livelihood Issues (continued)

No.	Questions and Filters	Coding Categories	Skip to
Q405	How do you manage to make ends meet?	Self employment 1 One of household members working 2 Support from relatives 3 Support from institutions 4 Other _____ Don't Know 88 No Response 99	If do not get additional support, skip to Q408
Q406	If you receive support (from relatives/organisation) how regular is the support?	Daily 1 Once a week 2 Once in 2 weeks 3 Once a month 4 Once in 3 months 5 Don't Know 88 No Response 99	
Q407	What nature of support do you receive?	Financial assistance 1 Food assistance 2 School fees 3 Medical fees 4 Other _____ Don't Know 88 No Response 99	
Q408	What do you see as the greatest challenge of heading a household?  <b>“You are doing a really good job in looking after the household. Please keep it up! Do you have any questions for us?”</b>	Discipline 1 Shortage of finances 2 Sickness 3 School requirements 4 Adjusting to prevailing situations 5 Lack of food 6 Other _____ Don't Know 88 No Response 99	

#### Section 5: Household Economic Status

Q501	How many people in this household earned money from regular employment in the past 30 days?	Number of people (can be 0) [____] Don't Know 88 No Response 99	
Q502	How many people in this household earned money from piecework in the past 30 days?	Number of people (can be 0) [____] Don't Know 88 No Response 99	If both Q501 and Q502 are 0, skip to Q504
Q503	How much money did all members of this household earn in the past 30 days?	Write amount (can be 0) [____] Don't Know 88 No Response 99	
Q504	How much money did this household receive from sources other than through working in the past 30 days?	Write amount (can be 0) [____] Don't Know 88 No Response 99	

## Section 5: Household Economic Status (continued)

No.	Questions and Filters	Coding Categories		Skip to
Q505	What are all the sources of the income earned in the past 30 days?  (Probe to find out the type of work done and ask about "Pension" and "Relatives.")	No sources of income	0	If do not get additional support, skip to Q408
		Kantemba	1	
		Hawking items	2	
		Marketeering	3	
		Stone crushing	4	
		House girl/boy	5	
		Agriculture	6	
		Fishing	7	
		Crafts	8	
		Teaching	9	
		Pension	10	
		Relatives	11	
		Other : _____		
		Don't Know	88	
		No Response	99	
Q506	How much money was spent on health care in the past 30 days?  (WRITE AMOUNT for each item [Can be 0] next to each item.)	Off-The-Counter Drugs	[_____]	
		Prescription Drugs	[_____]	
		Payment For Health Scheme	[_____]	
		Traditional Healers	[_____]	
		(Convert gifts to their monetary value)		
		Other _____		
		Don't Know	88	
		No Response	99	
Q507	How much money was spent on the children's education since the beginning of this school year?  (Write AMOUNT for each item (Can be 0) next to each item)	School fees	[_____]	
		PTA fees	[_____]	
		Uniforms	[_____]	
		Books	[_____]	
		Pencils/pens	[_____]	
		Other supplies	[_____]	
		Transportation to and from school	[_____]	
		Don't Know	88	
		No Response	99	
Q508	Do you financially support children who do not live in this household?	Yes	1	Skip to Q510
		No	2	
		Don't Know	88	
		No Response	99	
Q509	How much money do you spend on these other children? (Responses CANNOT be 0.)	Monthly	1	
		Quarterly	2	
		Annually	3	
		Don't Know	88	
		No Response	99	

## Section 5: Household Economic Status (continued)

No.	Questions and Filters	Coding Categories	Skip to																																																																											
Q510	<p>How many of each of the following items did you purchase in the past 30 days?</p> <p>(For ITEM Size, state # of Kg, grams, or liters as appropriate.</p> <p>For “#” Write NUMBER purchased in the past month for each item (Can be 0) next to each item.</p> <p>Note that for Vegetables, we are asking for amount purchased “yesterday.”)</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Item Size</th> <th style="text-align: center;">#</th> </tr> </thead> <tbody> <tr><td>Bags of mealie meal</td><td style="text-align: center;">[ ]</td><td style="text-align: center;">[ ]</td></tr> <tr><td>Bags of charcoal</td><td style="text-align: center;">[ ]</td><td style="text-align: center;">[ ]</td></tr> <tr><td>Bottles of cooking oil</td><td style="text-align: center;">[ ]</td><td style="text-align: center;">[ ]</td></tr> <tr><td>Vegetables (amount spent yesterday?)</td><td style="text-align: center;">[ ]</td><td style="text-align: center;">[ ]</td></tr> <tr><td>Meat (write # of kg/week)</td><td style="text-align: center;">[ ]</td><td style="text-align: center;">[ ]</td></tr> <tr><td>Eggs (write # of units purchased/week)</td><td style="text-align: center;">[ ]</td><td style="text-align: center;">[ ]</td></tr> <tr><td>Packet of sugar</td><td style="text-align: center;">[ ]</td><td style="text-align: center;">[ ]</td></tr> <tr><td>Bread (write # of loafs/day)</td><td style="text-align: center;">[ ]</td><td style="text-align: center;">[ ]</td></tr> <tr><td>Packet of salt</td><td style="text-align: center;">[ ]</td><td style="text-align: center;">[ ]</td></tr> <tr><td>Packets of tea</td><td style="text-align: center;">[ ]</td><td style="text-align: center;">[ ]</td></tr> <tr><td>Soap</td><td style="text-align: center;">[ ]</td><td style="text-align: center;">[ ]</td></tr> <tr><td>Packet of wash-soap</td><td style="text-align: center;">[ ]</td><td style="text-align: center;">[ ]</td></tr> <tr><td>Jar of vaseline</td><td style="text-align: center;">[ ]</td><td style="text-align: center;">[ ]</td></tr> <tr><td>Co-op lunches at work place</td><td style="text-align: center;">[ ]</td><td style="text-align: center;">[ ]</td></tr> <tr><td>Staff canteen</td><td style="text-align: center;">[ ]</td><td style="text-align: center;">[ ]</td></tr> <tr><td>Other _____</td><td></td><td></td></tr> <tr><td>Don't Know</td><td style="text-align: center;">88</td><td></td></tr> <tr><td>No Response</td><td style="text-align: center;">99</td><td></td></tr> </tbody> </table>		Item Size	#	Bags of mealie meal	[ ]	[ ]	Bags of charcoal	[ ]	[ ]	Bottles of cooking oil	[ ]	[ ]	Vegetables (amount spent yesterday?)	[ ]	[ ]	Meat (write # of kg/week)	[ ]	[ ]	Eggs (write # of units purchased/week)	[ ]	[ ]	Packet of sugar	[ ]	[ ]	Bread (write # of loafs/day)	[ ]	[ ]	Packet of salt	[ ]	[ ]	Packets of tea	[ ]	[ ]	Soap	[ ]	[ ]	Packet of wash-soap	[ ]	[ ]	Jar of vaseline	[ ]	[ ]	Co-op lunches at work place	[ ]	[ ]	Staff canteen	[ ]	[ ]	Other _____			Don't Know	88		No Response	99																				
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Q511	Yesterday, how many meals did the family eat?	<p>Write amount (can be 0) [ ]</p> <p>Don't Know 88</p> <p>No Response 99</p>	If 0, skip to Q513																																																																											
Q512	What did you eat for those meals yesterday?	<p>_____</p> <p>_____</p> <p>(List all food eaten)</p> <p>Don't Know 88</p> <p>No Response 99</p>																																																																												
Q513	If you had a snack, what did you have to eat in between eating meals, yesterday?	<p>_____</p> <p>_____</p> <p>(List all snack food eaten)</p> <p>Don't Know 88</p> <p>No Response 99</p>																																																																												
Q514	<p>Which of the following items do you own?</p> <p>(Read the list. CIRCLE I for items respondent owns; also check the corresponding box if the item does not work.)</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Y</th> <th style="text-align: center;">N</th> </tr> </thead> <tbody> <tr><td>Cattle</td><td style="text-align: center;">I</td><td style="text-align: center;">0</td></tr> <tr><td>Sheep</td><td style="text-align: center;">I</td><td style="text-align: center;">0</td></tr> <tr><td>Donkey</td><td style="text-align: center;">I</td><td style="text-align: center;">0</td></tr> <tr><td>Work oxen</td><td style="text-align: center;">I</td><td style="text-align: center;">0</td></tr> <tr><td>Goats</td><td style="text-align: center;">I</td><td style="text-align: center;">0</td></tr> <tr><td>Pigs</td><td style="text-align: center;">I</td><td style="text-align: center;">0</td></tr> <tr><td>Chickens</td><td style="text-align: center;">I</td><td style="text-align: center;">0</td></tr> <tr><td>Ploughs</td><td style="text-align: center;">I</td><td style="text-align: center;">0</td></tr> <tr><td>Ridgers</td><td style="text-align: center;">I</td><td style="text-align: center;">0</td></tr> <tr><td>Harrows</td><td style="text-align: center;">I</td><td style="text-align: center;">0</td></tr> <tr><td>Oxcart</td><td style="text-align: center;">I</td><td style="text-align: center;">0</td></tr> <tr><td>Tractors</td><td style="text-align: center;">I</td><td style="text-align: center;">0 Not Working / 2</td></tr> <tr><td>Bicycle</td><td style="text-align: center;">I</td><td style="text-align: center;">0 Not Working / 2</td></tr> <tr><td>Motorbike</td><td style="text-align: center;">I</td><td style="text-align: center;">0 Not Working / 2</td></tr> <tr><td>Car</td><td style="text-align: center;">I</td><td style="text-align: center;">0 Not Working / 2</td></tr> <tr><td>Radio</td><td style="text-align: center;">I</td><td style="text-align: center;">0 Not Working / 2</td></tr> <tr><td>Stereo</td><td style="text-align: center;">I</td><td style="text-align: center;">0 Not Working / 2</td></tr> <tr><td>Television</td><td style="text-align: center;">I</td><td style="text-align: center;">0 Not Working / 2</td></tr> <tr><td>Electric cooker</td><td style="text-align: center;">I</td><td style="text-align: center;">0 Not Working / 2</td></tr> <tr><td>Small fridge</td><td style="text-align: center;">I</td><td style="text-align: center;">0 Not Working / 2</td></tr> <tr><td>Medium fridge</td><td style="text-align: center;">I</td><td style="text-align: center;">0 Not Working / 2</td></tr> <tr><td>Large fridge</td><td style="text-align: center;">I</td><td style="text-align: center;">0 Not Working / 2</td></tr> <tr><td>Don't Know</td><td></td><td style="text-align: center;">88</td></tr> <tr><td>No Response</td><td></td><td style="text-align: center;">99</td></tr> </tbody> </table>		Y	N	Cattle	I	0	Sheep	I	0	Donkey	I	0	Work oxen	I	0	Goats	I	0	Pigs	I	0	Chickens	I	0	Ploughs	I	0	Ridgers	I	0	Harrows	I	0	Oxcart	I	0	Tractors	I	0 Not Working / 2	Bicycle	I	0 Not Working / 2	Motorbike	I	0 Not Working / 2	Car	I	0 Not Working / 2	Radio	I	0 Not Working / 2	Stereo	I	0 Not Working / 2	Television	I	0 Not Working / 2	Electric cooker	I	0 Not Working / 2	Small fridge	I	0 Not Working / 2	Medium fridge	I	0 Not Working / 2	Large fridge	I	0 Not Working / 2	Don't Know		88	No Response		99	
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## Section 5: Household Economic Status (continued)

No.	Questions and Filters	Coding Categories	Skip to
Q515	Do you own or rent this house?	Own 1 Rent 2 Don't Know 88 No Response 99	
Q516	Do you own any other property?	Yes 1 No 2 Don't Know 88 No Response 99	
Q517	Record type of floor on the house. (Ask only if you are not sure.)	Dirt only 1 Dirt with mats on it 2 Cement only 3 Cement with mats on it 4 Tile only 5 Tile with mats on it 6 Other _____	
Q518	Record type of floor on the house. (Ask only if you are not sure.)	Grass 1 Asbestos 2 Iron 3 Asbestos And Iron 4 Other _____	

## Section 6: Relationships in Household

Q601	How many children 24 years of age and below live in this household?	[_____]																									
<b>For each child living in the household gather the information in the following two charts.</b>																											
<b>For Q604, identify the child’s relationship to the head of household using the following list and corresponding codes to report responses.</b>																											
		<table><tr><td><u>Response</u></td><td><u>Code</u></td></tr><tr><td>Child</td><td>1</td></tr><tr><td>Brother or sister</td><td>2</td></tr><tr><td>Grandchild</td><td>3</td></tr><tr><td>Nephew/niece</td><td>4</td></tr><tr><td>Cousin</td><td>5</td></tr><tr><td>Neighbor</td><td>6</td></tr><tr><td>Stepchild</td><td>7</td></tr><tr><td>Brother-in-law or sister-in-law</td><td>10</td></tr><tr><td>Other (Specify in the box next to the child.)</td><td>11</td></tr><tr><td>Don't Know</td><td>88</td></tr><tr><td>No Response</td><td>99</td></tr></table>	<u>Response</u>	<u>Code</u>	Child	1	Brother or sister	2	Grandchild	3	Nephew/niece	4	Cousin	5	Neighbor	6	Stepchild	7	Brother-in-law or sister-in-law	10	Other (Specify in the box next to the child.)	11	Don't Know	88	No Response	99	
<u>Response</u>	<u>Code</u>																										
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Other (Specify in the box next to the child.)	11																										
Don't Know	88																										
No Response	99																										



## Section 6: Relationships in Household (continued)

ID	Q602 Gender	Q603 Age	Q604 Relationship to head of household	Q605 Is mother still alive? Yes = 1 No = 0	Q606 Is father still alive? Yes = 1 No = 0	Q607 Does this child earn money for the household? Yes = 1 No = 0	Q608 Length of time in house?	Q609 Number of previous homes? (If no other house holds, skip to Q701)	Q610 Reasons for moving?
C1									
C2									
C3									
C4									
C5									
C6									
C7									
C8									
C9									
C10									
C11									
C12									
C13									
C14									
C15									

### Section 7: Children's Education Experience

ID	Q701 Currently in school? Yes=1; No=0 (If no, skip to Q709)	Q702 Currently in school? Yes=1; No=0 (If no, skip to Q707)	Q703 Attending which? Government, private, or community	Q704 Current grade level	Q705 Since starting school, have you been absent from school for more than one term? Yes = 1; No = 0 (If no, skip to Q801)	Q706 Reason for absence? (Skip to Q801)	Q707 Last grade successfully completed?	Q708 Length of time since last attended school?	Q709 Reasons for not attending school?
C1									
C2									
C3									
C4									
C5									
C6									
C7									
C8									
C9									
C10									
C11									
C12									
C13									
C14									
C15									

## Section 8: Psychosocial Issues

No.	Questions and Filters	Coding Categories		Skip to
Q801	How happy are the children you have taken in, compared to other children their same age?  (For families who have not taken in other children, ask about their own children.)	Happy, happier The same, sometimes happy, sometimes not Somewhat unhappy, less happy Very unhappy, sad Don't know No response	1 2 3 4 88 99	
Q802	What do they do for fun?  (For families who have not taken in other children, ask about their own children.)  (DO NOT read the list. CIRCLE 1 if item is mentioned. Also probe: "Anything else?")	Football, other sports, physical activity Non-physical games, dolls Being with friends, talking Being with family Being cared for by guardian Eating, food Dance, music, drama Having, getting new clothes Going to/doing well in school Reading Crafts, weaving, art Nothing Other _____ Don't know No response	Y N 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 88 99	
Q803	Are there any conflicts between the children you have taken in and your own children?  (For families who have not taken in other children, ask about their own children.)	Yes No Don't know No response	1 0 88 99	If no, skip to Q808
Q804	Who do they have these conflicts with?	Their brothers and sisters Other children in the household Neighborhood children Their school mates Other _____ Don't know No response	Y N 1 0 1 0 1 0 1 0 88 99	
Q805	What are the common causes for these conflicts? (DO NOT read the list. CIRCLE 1 if item is mentioned. Also probe: "Anything else?")	House work Jealousy Fighting over snacks Wanting attention Ownership of clothes Ownership of household items Other _____ Don't know No response	Y N 1 0 1 0 1 0 1 0 1 0 88 99	
Q806	How often do these conflicts happen?	Daily Every other day Once a week Once a month Other _____ Don't know No response	1 2 3 4 88 99	

## Section 8: Psychosocial Issues (continued)

No.	Questions and Filters	Coding Categories		Skip to
Q807	What do you do about them? (DO NOT read the list. CIRCLE 1 if item is mentioned. Also probe: "Anything else?")	Scold the children Punish the children Talk with the children Separate them Consult with the school Other _____ Don't know No response	Y N 0 0 0 0 0 88 99	
Q808	How well do the children you have taken in get along with one another? (For families who have not taken in other children, ask about their own children.)	Very well Somewhat well Somewhat poorly Very poorly Only ONE child has been taken in Don't know No response	1 2 3 4 5 88 99	
Q809	How well do the children you have taken in get along with your own children? (For families who have not taken in other children, skip to Q810.)	Very well Somewhat well Somewhat poorly Very poorly Do NOT have biological children Don't know No response	1 2 3 4 5 88 99	
Q810	With whom do the children you have taken in spend most of their time? (Relationship to child) (For families who have not taken in other children, ask about their own children.) (DO NOT read the list. CIRCLE 1 if item is mentioned. Also probe: "Anything else?")	The guardian The guardian's husband/wife/relative Step-, foster-siblings Friends, cousins, other children No one, keeps to him or herself Other _____ Don't know No response	Y N 0 0 0 0 0 88 99	
Q811	With whom do the children you have taken in usually talk with when they are worried or have a problem? (Relationship to child) (For families who have not taken in other children, ask about their own children.) (DO NOT read the list. CIRCLE 1 if item is mentioned. Also probe: "Anyone else?")	The guardian The guardian's husband/wife/relative Step-, foster-siblings Their own brothers or sisters Friends, cousins, other children Some other adult relative not living with them School teacher Clergyman No one, keeps to him or herself Other _____ Don't know No response	Y N 0 0 0 0 0 0 0 0 88 99	
Q812	(Ask only if one or more parents are deceased. If both parents are alive, skip to Q818) Do the children who you have taken in know what caused their parent(s)' death?	Yes No Don't know No response	1 2 88 99	
Q813	Do they ever talk with anyone about their deceased parent(s)?	Yes No Don't know No response	1 2 88 99	If no, skip to Q815

## Section 8: Psychosocial Issues (continued)

No.	Questions and Filters	Coding Categories		Skip to
Q814	When they do talk about their parent(s), whom do they talk with? (DO NOT read the list. CIRCLE 1 if item is mentioned. Also probe: "Anyone else?")	Guardian Guardian's husband/wife/relative Stepsiblings or foster-siblings Their own brothers or sisters Friends, cousins, other children Other adult relative not living with them Schoolteacher Clergyman Other _____ Don't know No response	Y N 0 0 0 0 0 0 0 0 0 88 99	
Q815	Have you ever talked with the children about the death of their parent(s)?	Yes No Don't know No response	1 2 88 99	If no, skip to Q818
Q816	How often in the previous 6 months have you talked with the children about their deceased parent(s)?	Daily Weekly Monthly Every few months Only one time Other _____ Don't know No response	1 2 3 4 4 88 99	
Q817	When was the last time you talked with the children about their deceased parent(s)?	Today Yesterday This week Last week Two weeks ago Last month More than a month ago Don't know No response	1 2 3 4 5 6 7 88 99	
Q818	Have either of the parents been seriously ill? (If neither parent has died nor been seriously ill, skip to Q821.)	Yes No Don't know No response	1 2 88 99	If no, skip to Q821
Q819	How has the illness or death of their parent(s) effected the children's daily life (circumstances, etc.) if at all? (DO NOT read the list. CIRCLE 1 if item is mentioned. Also probe: "Anything else?")	Their school attendance has declined/stopped Their grades have worsened They do more housework or field work They have to take care of smaller children They have to take care of a living parent We have less food/money as a family It has not effected their life circumstances Other _____ Don't know No response	Y N 0 0 0 0 0 0 0 88 99	

## Section 8: Psychosocial Issues (continued)

No.	Questions and Filters			Skip to
Q820	How has the illness or death of their parent(s) affected the way the children feel about life? (DO NOT read the list. CIRCLE 1 if item is mentioned. Also probe: "Anything else?")	<div>Sad, unhappy</div> <div>Sad, but determined to face the future</div> <div>Worried</div> <div>Scared</div> <div>Isolated, alone</div> <div>Angry</div> <div>Comforted, relieved</div> <div>Happy</div> <div>Other _____</div> <div>Don't know</div> <div>No response</div>	<div>Y N</div> <div>1 0</div> <div>1 0</div> <div>1 0</div> <div>1 0</div> <div>1 0</div> <div>1 0</div> <div>1 0</div> <div>1 0</div> <div>88</div> <div>99</div>	
Q821	For those households that are a combination of children from more than one family ask (If not, skip to Q824.) For those children you have taken in, are all of the brothers and sisters living together?	<div>Yes</div> <div>No</div> <div>Don't know</div> <div>No response</div>	<div>1</div> <div>2</div> <div>88</div> <div>99</div>	If no, skip to Q824
Q822	How often do they get to see those who live elsewhere?	<div>Daily</div> <div>Weekly</div> <div>Monthly</div> <div>Every few months</div> <div>Only one time each year</div> <div>Never</div> <div>Other _____</div> <div>Don't know</div> <div>No response</div>	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>88</div> <div>99</div>	
Q823	How do you think the children feel about being separated?	<div>Sad, unhappy</div> <div>Sad, but determined to face the future</div> <div>Worried</div> <div>Scared</div> <div>Isolated, alone</div> <div>Angry</div> <div>Comforted, relieved</div> <div>Happy</div> <div>Other _____</div> <div>Don't know</div> <div>No response</div>	<div>Y N</div> <div>1 0</div> <div>1 0</div> <div>1 0</div> <div>1 0</div> <div>1 0</div> <div>1 0</div> <div>1 0</div> <div>1 0</div> <div>88</div> <div>99</div>	
Q824	Who do you talk with when you are worried or have a problem? (Do NOT READ list. CIRCLE 1 if mentioned.)	<div>Spouse, partner</div> <div>Parent</div> <div>Best friend</div> <div>Clergy</div> <div>Neighbor</div> <div>No One</div> <div>Other _____</div> <div>Don't know</div> <div>No response</div>	<div>Y N</div> <div>1 0</div> <div>1 0</div> <div>1 0</div> <div>1 0</div> <div>1 0</div> <div>1 0</div> <div>88</div> <div>99</div>	
Q825	For those households that are a combination of children from more than one family ask (If not, skip to Q826): What is difficult about taking in other children? (Do NOT READ list. CIRCLE 1 if mentioned.)	<div>It gets hard financially</div> <div>There is less food to go around</div> <div>Some children can't go to school</div> <div>I have no time to rest</div> <div>Too much pressure</div> <div>Other _____</div> <div>Don't know</div> <div>No response</div>	<div>Y N</div> <div>1 0</div> <div>1 0</div> <div>1 0</div> <div>1 0</div> <div>1 0</div> <div>88</div> <div>99</div>	



## Section 8: Psychosocial Issues (continued)

No.	Questions and Filters	Coding Categories	Y	N	Skip to
Q826	What kind of help/support do you need? (Do NOT READ list. CIRCLE 1 if mentioned.) (If they say "Money," probe to find out what they would use the money for.)	<div>Medical care</div> <div>Food</div> <div>Support for the children's school fees</div> <div>Clothing</div> <div>Someone to talk with</div> <div>Someone to watch the kids for me from time to time</div> <div>Training or education</div> <div>Other _____</div> <div>Don't know</div> <div>No response</div>	<div>1</div> <div>1</div> <div>1</div> <div>1</div> <div>1</div> <div>1</div> <div>1</div> <div></div> <div></div> <div></div>	<div>0</div> <div>0</div> <div>0</div> <div>0</div> <div>0</div> <div>0</div> <div>0</div> <div>88</div> <div>99</div>	

## Section 9: Emotional Well-Being Checklist

(If no children have been taken in, ask these questions of their own children and check the box below.)

Q901	How often do the children you have taken in cry during the course of a normal day, over something small or nothing at all?	<div>Often</div> <div>Sometimes</div> <div>On rare occasions</div> <div>Never</div> <div>Don't know</div> <div>No response</div>	<div>3</div> <div>2</div> <div>1</div> <div>0</div> <div>88</div> <div>99</div>	
Q902	How often do the children you have taken in have scary dreams or nightmares?	<div>Often</div> <div>Sometimes</div> <div>On rare occasions</div> <div>Never</div> <div>Don't know</div> <div>No response</div>	<div>3</div> <div>2</div> <div>1</div> <div>0</div> <div>88</div> <div>99</div>	
Q903	How often do the children you have taken in feel unhappy, or sad?	<div>Often</div> <div>Sometimes</div> <div>On rare occasions</div> <div>Never</div> <div>Don't know</div> <div>No response</div>	<div>3</div> <div>2</div> <div>1</div> <div>0</div> <div>88</div> <div>99</div>	
Q904	How often do the children you have taken in, ever get into fights with other children?	<div>Often</div> <div>Sometimes</div> <div>On rare occasions</div> <div>Never</div> <div>Don't know</div> <div>No response</div>	<div>3</div> <div>2</div> <div>1</div> <div>0</div> <div>88</div> <div>99</div>	
Q905	How often do the children you have taken in, prefer to be alone, instead of playing with other children?  IF CHILD DOES NOT ATTEND SCHOOL, SKIP TO Q908	<div>Often</div> <div>Sometimes</div> <div>On rare occasions</div> <div>Never</div> <div>Don't know</div> <div>No response</div>	<div>3</div> <div>2</div> <div>1</div> <div>0</div> <div>88</div> <div>99</div>	
Q906	How often do the children you have taken in, refuse or resist going to school?	<div>Often</div> <div>Sometimes</div> <div>On rare occasions</div> <div>Never</div> <div>Don't know</div> <div>No response</div>	<div>3</div> <div>2</div> <div>1</div> <div>0</div> <div>88</div> <div>99</div>	
Q907	How often do the children you have taken in, act disobediently at school?	<div>Often</div> <div>Sometimes</div> <div>On rare occasions</div> <div>Never</div> <div>Don't know</div> <div>No response</div>	<div>3</div> <div>2</div> <div>1</div> <div>0</div> <div>88</div> <div>99</div>	

## Section 9: Emotional Well-Being Checklist (continued)

No.	Questions and Filters	Coding Categories		Skip to
Q908	How often do the children you have taken in, act disobediently at home?	Often	3	
		Sometimes	2	
		On rare occasions	1	
		Never	0	
		Don't know	88	
		No response	99	
Q909	How often do the children you have taken in, bully or attack other children?	Often	3	
		Sometimes	2	
		On rare occasions	1	
		Never	0	
		Don't know	88	
		No response	99	
Q910	How often do the children you have taken in, ever feel worried?	Often	3	
		Sometimes	2	
		On rare occasions	1	
		Never	0	
		Don't know	88	
		No response	99	
Q911	How often do the children you have taken in, feel like not eating or refuse to eat at mealtimes?	Often	3	
		Sometimes	2	
		On rare occasions	1	
		Never	0	
		Don't know	88	
		No response	99	
Q912	How often do the children you have taken in, become very angry?	Often	3	
		Sometimes	2	
		On rare occasions	1	
		Never	0	
		Don't know	88	
		No response	99	
Q913	On an average night, how often do you have to tell the children you have taken in to go to bed?	Often	3	
		Sometimes	2	
		On rare occasions	1	
		Never	0	
		Don't know	88	
		No response	99	
Q914	How often do the children you have taken in, have difficulty making friends with other children?	Often	3	
		Sometimes	2	
		On rare occasions	1	
		Never	0	
		Don't know	88	
		No response	99	
Q915	How often do the children you have taken in, ever run away from home or feel like running away from home?	Often	3	If never, skip to Q917
		Sometimes	2	
		On rare occasions	1	
		Never	0	
		Don't know	88	
		No response	999	
Q916	How many times in the past 6 months has one of the children you have taken in run away from home?	Number of times in past 6 months [____]		
		Don't know	88	
		No response	99	
Q917	Is there anything about these children that makes them feel different from other children?	Yes	1	
		No	2	
		Don't know	88	
		No response	99	

## Section 9: Emotional Well-Being Checklist (continued)

No.	Questions and Filters	Coding Categories	Skip to																								
Q918	What is it?  (Do NOT READ list. CIRCLE 1 if mentioned.)	<table><tr><td>Not being in school</td><td>Y</td><td>N</td></tr><tr><td></td><td>1</td><td>0</td></tr><tr><td>Not doing well in school, not smart</td><td>1</td><td>0</td></tr><tr><td>Not having a parent, being an orphan</td><td>1</td><td>0</td></tr><tr><td>Being poor; having poor clothes</td><td>1</td><td>0</td></tr><tr><td>Other_____</td><td></td><td></td></tr><tr><td>Don't know</td><td></td><td>88</td></tr><tr><td>No response</td><td></td><td>99</td></tr></table>	Not being in school	Y	N		1	0	Not doing well in school, not smart	1	0	Not having a parent, being an orphan	1	0	Being poor; having poor clothes	1	0	Other_____			Don't know		88	No response		99	
Not being in school	Y	N																									
	1	0																									
Not doing well in school, not smart	1	0																									
Not having a parent, being an orphan	1	0																									
Being poor; having poor clothes	1	0																									
Other_____																											
Don't know		88																									
No response		99																									

## Section 10: Household Access to Support Services

<b>In the past 6 months have you received any of following kinds of services?</b>		Yes No Don't know No response	1 2 88 99	
Q1001 Financial assistance for purchasing food?		If yes, who provided the assistance? _____		
Q1002 Direct food assistance?		Yes No Don't know No response	1 2 88 99	
Q1003 Financial assistance for education?		If yes, who provided the assistance? _____		
Q1004 Clothing assistance?		Yes No Don't know No response	1 2 88 99	
Q1005 Financial assistance for medical care?		If yes, who provided the assistance? _____		
Q1006 Emotional support/counseling?		Yes No Don't know No response	1 2 88 99	
Q1007 In the past 6 months, how many times has someone from a community organization come to your house to provide you with assistance of any type?		Number of times in past 6 months [____] Don't know No response	 88 99	If 0, skip to Q1010
Q1008 What type of assistance did they provide?		_____ Don't know No response		
Q1009 Who provided the assistance?		_____ Don't know No response		

## Section 10: Household Access to Support Services (continued)

No.	Questions and Filters	Coding Categories		Skip to
Q1010	In the last 6 months have you received any training?	Yes	1	If no, skip to Q1013
		No	2	
		Don't know	88	
		No response	99	
Q1011	What type of training did you receive?		Y N	
		Small business	1 0	
		Vocational	1 0	
		Farming	1 0	
	Other _____			
		Don't know	88	
		No response	99	
Q1012	Who provided the training?	_____		
Q1013	Have you ever heard of the "Community Orphans and Vulnerable Children Committee"?	Yes	1	If no, skip to Q1016
		No	2	
		Don't know	88	
		No response	99	
Q1014	What does this committee do?		Y N	
		Distribute/give out information	1 0	
		Education	1 0	
		Support orphans directly	1 0	
		Provide funding for organizations	1 0	
		Nothing	1 0	
	Other _____			
		Don't know	88	
		No response	99	
Q1015	How helpful has this committee been in providing support to families with orphans and vulnerable children?	Very helpful	4	
		Helpful	3	
		Not helpful	2	
		Not very helpful	1	
		They get in the way	0	
		Don't know	88	
		No response	99	
Q1016	Have you ever heard of SCOPE?	Yes	1	If no, skip to Q1019
		No	2	
		Don't know	88	
		No response	99	
Q1017	What does SCOPE do?		Y N	
		Distribute/give out information	1 0	
		Education	1 0	
		Support orphans directly	1 0	
		Provide funding for organizations	1 0	
		Nothing	1 0	
	Other _____			
		Don't know	88	
		No response	99	
Q1018	How helpful has SCOPE been in providing support to families with orphans and vulnerable children?	Very helpful	4	
		Helpful	3	
		Not helpful	2	
		Not very helpful	1	
		They get in the way	0	
		Don't know	88	
		No response	99	
Q1019	Please tell me the names of all the organizations that you know about that provide assistance to orphans and vulnerable children.	_____ _____ _____		

# Orphans and Vulnerable Children Baseline Survey for Heads of Households/Caregivers

## SECTION 0: IDENTIFICATION DATA

Questionnaire Identification |\_\_|\_\_|\_\_|

002 State \_\_\_\_\_ 003 Local Government Area \_\_\_\_\_

004 Name of Community/Neighbourhood \_\_\_\_\_ 005 Cluster Name \_\_\_\_\_

### Introduction:

“My name is \_\_\_\_\_ and I’m working for Family Health International. We’re interviewing caregivers/heads of households in [name of city, region or site] in order to find out about their situation and experience with orphans and other children in need. First, I would like to know if you are the head of the household? ***If they are, proceed. If they are not, then ask to talk with the head of the household. If that person is not available, then find out when it would be a good time to return, and make an appointment to come back. Be sure and keep the appointment even if the head of household does not. Are there any children living in this household who have lost either their mother or their father? Or children below 18 who are not yours? If no, move to next house. Have you been interviewed in the past few days?*** If the respondent states that they have been interviewed before, do not interview anyone in this household again. Tell them you cannot interview them a second time, thank them, and end the interview. If they have not been interviewed before, continue:

**Confidentiality and consent:** “I’m going to ask you some personal questions that some people may find difficult to answer about their feelings and their emotions. Your answers are completely confidential; your name will not be written on this form and will never be used in connection with any of the information you give me. You do not have to answer any questions that you do not want to answer, and you may end this interview at any time.

We are asking these question so that we can understand the situation better and be able to develop interventions and programs with the community. We would greatly appreciate your help in responding to this survey. The interview will take about **30 minutes**. Would you be willing to participate?

Signature of Interviewer \_\_\_\_\_

(Certifying that informed consent has been given verbally by respondent)

### Interview Log

	Visit 1	Visit 2	Visit 3
Date			
Interviewer			
Comment			

Comment Codes	
Appointment made for later today	1
Appointment made for another day	2
Refused to continue and no appointment made	3
Completed	4
Other (Specify)	5

006 INTERVIEWER: Code [\_\_|\_\_] Name \_\_\_\_\_

007 DATE INTERVIEW: \_\_\_\_ \ \_\_\_\_ \ \_\_\_\_

CHECKED BY SUPERVISOR: Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Section I: Background Information

No.	Questions and Filters	Coding Categories	Skip to
Q101	Record sex of the respondent	Male 1 Female 2	
Q102	In what month and year were you born?	Month [ ][ ] Don't know month 88 No response 99	
Q103	How old were you at your last birthday? (Compare and correct Q102 if needed)	Year [ ][ ] Don't Know Month 88 No response 99	
Q104	What is your marital status?	Single 1 Married 2 Divorced 3 Widow/Widower 4 Other _____ 5 Don't know 6 No response 7	If single, skip to Q108
Q105	IF MARRIED: MEN: Do you have more than one wife? WOMEN: Does your husband have other wives?	Yes 1 No 2 Don't know 88 No response 99	If no, skip to Q108
Q106	How many wives are in this family?	Write down number of wives	
Q107	Do all wives live in the same compound/house?	Yes 1 No 2 Don't know 88 No response 99	
Q108	What is your ethnic group?	Yoruba 1 Igbo 2 Hausa 3 Fulani 4 Jukun 5 Mumuye 6 Other _____ 7 Don't know 88 No response 99	
Q109	What is your religion	Christianity 1 Islam 2 Traditional religion 3 Other _____ 4 Don't know 88 No response 99	
Q110	What is the highest level of school you completed?	Primary 1 Secondary 2 Post-secondary 3 None 4 Don't know 88 No response 99	Choose only one



## Section I: Background Information (continued)

No.	Questions and Filters	Coding Categories		Skip to
Q111	What is your occupation?	Farmer	1	
		Trader	2	
		Artisan	3	
		Teacher	4	
		Civil servant	5	
		Professional	6	
		Full-time housewife	7	
		Retiree	8	
		Other_____	9	
		Don't know	88	
		No response	99	
Q112	Kindly estimate your personal current monthly income	Under N5,000	1	
		N5,001-10,000	2	
		N10,001-15,000	3	
		N15,001-20,000	4	
		N20,000+	5	
		Other_____	7	
		Don't know	88	
		No response	99	
Q113	Kindly estimate the household's current total monthly income	Under N5,000	1	
		N5,001-10,000	2	
		N10,001-15,000	3	
		N15,001-20,000	4	
		N20,000+	5	
		Other_____	6	
		Don't know	88	
		No response	99	
Q114	Are you receiving any form of assistance from outside your household for the care of OVC?	Yes	1	If no, skip to Q119
		No	2	
		Don't know	88	
		No response	99	
Q115	If yes, from where?	Relatives	1	
		Church/church organizations	2	
		Government	3	
		Neighbours	4	
		Community	5	
		NGO	6	
		Other_____	7	
		Don't know	88	
		No response	99	
Q116	What kind of assistance?	Food	1	
		Education	2	
		Medical care	3	
		Money	4	
		Clothing	5	
		Other_____	6	
		Don't know	88	
		No response	99	
Q117	If yes for educational support, what type?	School fees	1	
		Books	2	
		School uniforms	3	
		Other	4	
		Don't know	88	
		No response	99	
Q118	Can you tell me how you spread this assistance?	Orphans only	1	
		Vulnerable children only	2	
		All children	3	
		Don't know	88	
		No response	99	

## Section 1: Background Information (continued)

No.	Questions and Filters	Coding Categories	Skip to
Q119	Do you know of any cooperative/microcredit society in your community?	Yes 1 No 2 Don't know 88 No response 99	If no, skip to Q201
Q120	Do you belong to any of these societies?	Yes 1 No 2 Don't know 88 No response 99	
Q121	If no, why don't you belong to any?	Lack of interest 1 Lack of means to join 2 Other 3 Don't know 88 No response 99	

## Section 2: Housing Inventory

Q201	Total number of rooms in the main house occupied by the household?	[ ][ ] (Record 88 for don't know and 99 for no response.)		
Q202	What material is the roof of the house made of?	Zinc 1 Thatch 2 Asbestos 3 Aluminum 4 Soro 5 Other_____ 6 Don't know 88 No response 99		
Q203	What material is the floor of the house made of?	Cement 1 Mud 2 Tiles 3 Wood 4 Other_____ 5 Don't know 88 No response 99		
Q204	What material is the wall of the house made of?	Brick 1 Plank 2 Zana 3 Other_____ 4 Don't know 88 No response 99		
Q205	Do you own this house or is it rented?	Own 1 Rent 2 Non-paying tenant 3 Other_____ 7 Don't know 88 No response 99		
Q206	What is the source of lighting?	Electric 1 Candle 2 Kerosine lantern 3 Gas lamp 4 Rechargeable lantern 5 Other_____ 7 Don't know 88 No response 99	More than one answer is possible	

## Section 2: Housing Inventory (continued)

No.	Questions and Filters	Coding Categories			Skip to
Q207	What do you use to cook your food?	Electric	1	More than one answer is possible	
		Gas	2		
		Firewood	3		
		Kerosine stove	4		
		Charcoal	5		
		Other_____	7		
		Don't know	88		
		No response	99		
Q208	If firewood, what is the distance (in km) of the source from home?	[ ][ ]			
		Don't know	88		
		No response	99		
Q209	Where do you get your drinking water?	Stream	1	More than one answer is possible	
		Borehole	2		
		Tap inside the house	3		
		Public tap	4		
		Well	5		
		Rain water	6		
		Bought from vendor	7		
		Don't know	88		
		No response	99		

## Section 3: Household Head/Caregiver Perception of OVC

Q301	How many children whose parents have died live with you?	[ ][ ]			
Q302	How many children whose parents are alive but are in need live with you?	[ ][ ]			
Q303	How do the children whose parents have died get along with your other children?	Play well together	1		
		Withdrawn	2		
		Hostile	3		
		Other_____	4		
		Don't know	88		
		No response	99		
Q304	How do the children who are in your custody get along with your other children?	Play well together	1		
		Withdrawn	2		
		Hostile	3		
		Other_____	4		
		Don't know	88		
		No response	99		
Q305	How have the children who are not yours responded to the adults in the house?	Friendly	1	More than one answer is possible	
		Unfriendly	2		
		Respectful	3		
		Helpful	4		
		Other_____	5		
		Don't know	88		
		No response	99		
Q306	How have the adults responded to the children that are not yours?	Acceptable	1	More than one answer is possible	
		Hostile	2		
		Indifferent	3		
		Supportive	4		
		Protective	5		
		Warm	6		
		Other_____	7		
		Don't know	88		
		No response	99		

### Section 3: Household Head/Caregiver Perception of OVEC (continued)

No.	Questions and Filters	Coding Categories	Skip to
Q307	What changes have taken place in the home since the arrival of these children?	House blessed: child is a gift 1 House more crowded 2 Children have more to play with 3 More fighting 4 Less food for everybody 5 More work to do 6 More hands for house/farm work 7 Other_____ 8 Don't know 88 No response 99	More than one answer is possible
Q308	Do you think these children have any special needs?	Yes 1 No 2 Don't know 88 No response 99	If no, skip to 401
Q309	What are these needs?	Health/Medical care 1 Emotional support 2 Spiritual support 3 Nutritional 4 Shelter 5 Educational 6 Vocational 7 Other_____ 8 Don't know 88 No response 99	More than one answer is possible

## Section 3: Household Head/Caregiver Perception of OVEC (continued)

### Details of Children Living in Household

[illegible]

Col. 4: Length of time in household: 1=less than 6 months, 2=between 6 months and 1 year, 3=more than one year, 4=other\_\_\_\_\_

Col. 5: Relationship: 1=own child, 2=orphan, 3=child in need, 4=other\_\_\_\_\_

Col. 8: Health Status codes: 1=good, 2=fair, 3=poor

Col. 9: Disability (for children with poor health status as reported in Col. 8): 1=amputee, 2=cerebral, 3=leper, 4=deaf, 5=blind, 6=epileptic, 7=mental handicap, 8=mute, 9=polio, 10=HIV infection suspected, 11=heart condition, 12=other \_\_\_\_\_

Col. 10: Education codes: 1=not in school, 2=to start next term, 3=previously in school but no plans of going back, 4=never in school, 5=presently in school

Col. 11: Level of Education: 1=pre-primary, 2=primary, 3=secondary, 4=vocational school, 5=not applicable

## Section 4: Perceptions of Household Head/Caregiver of HIV/AIDS and related issues

No.	Questions and Filters	Coding Categories		Skip to
Q401	In the past 2 years, have you seen an increase in the number of orphans living in your neighborhood?	Yes No Don't know No response	1 2 88 99	
Q402	What do you think are the main reasons that there are more children are being orphaned in your area?	Malaria Accidental deaths HIV/AIDS Chronic diseases During childbirth Other Don't know No response	1 2 3 4 5 6 88 99	More than one answer is possible
Q403	In the past 2 years, have you seen an increase in the number of children in need living in your neighborhood?	Yes No Don't know No response	1 2 88 99	If no, skip to Q 405
Q404	What do you think are the main reasons that there are more children in need in your area?	Malaria Death of parents Chronic diseases (e.g. diabetes) Other Don't know No response	1 2 3 4 88 99	More than one answer is possible
Q405	In the past 2 years, have you seen an increase in the number of families taking care of orphaned children living in your neighborhood?	Yes No Don't know No response	1 2 88 99	
Q406	In the past 2 years, have you seen an increase in the number people living with HIV/AIDS?	Yes No Don't know No response	1 2 88 99	
Q407	Do you have any close friends or relatives that are living with HIV/AIDS?	Yes No Don't know No response	1 2 88 99	
Q408	Do you have any close friends or relatives that have died of HIV/AIDS?	Yes No Don't know No response	1 2 88 99	
Q409	Do the orphans in your house know the cause of their parents deaths?	Yes No Don't know No response	1 2 88 99	If yes, skip to Q413
Q410	Have they been told the cause of their parents deaths?	Yes No Don't know No response	1 2 88 99	If no, skip to Q412
Q411	What were they told about their parents death?	    Don't know No response	    88 99	If any response, skip to Q413



#### Section 4: Perceptions of Household Head/Caregiver of HIV/AIDS and related issues (continued)

No.	Questions and Filters	Coding Categories			Skip to
Q412	Why were they not told about their parents death?				
		Don't know	88		
		No response	99		
Q413	What are the main concerns you have for the child(ren) you have taken in?	Financial support	1	Do not	
		Educational support	2	read the list.	
		Life skills training	3	Let the	
		Medical support	4	respondent	
		Socio-emotional support	5	answer the	
		Adjustment	6	question,	
		Other_____	7	then record	
		Don't know	88	response.	
		No response	99		
Q414	What are the main concerns facing your community with regards to HIV/AIDS?	The problem is getting worse	1	Do not	
		Not enough being done	2	read the list.	
		People are too afraid of it	3	Let the	
		There is a lot of discrimination	4	respondent	
		There is not enough information	5	answer the	
		Other_____	6	question,	
		Don't know	88	then record	
		No response	99	response.	
Q415	Do you feel that children should know about HIV/AIDS and related issues?	Yes	1		
		No	2		
		Don't know	88		
		No response	99		
Q416	Do you discuss about HIV/AIDS and related issues in your family?	Yes	1		
		No	2		
		Don't know	88		
		No response	99		
Q417	Do you talk with the children about HIV/AIDS?	Yes	1		
		No	2		
		Don't know	88		
		No response	99		

Note: If respondent is under 18 years, please complete section 5.

### Section 5: OVC-Headed Households (only for HH heads age 18 and below)

No.	Questions and Filters	Coding Categories		Skip to
Q501	When did you assume the responsibility of being the head of this household?	Less than 6 months ago 6 months to 1 year ago 1 to 2 years ago More than 2 years ago Don't know No response	1 2 3 4 88 99	
Q502	How many biological (they have the same mother and/or father as you) brothers and sisters are you looking after in this household?	Brothers Sisters Don't know No response	[ ][ ] [ ][ ] 88 99	
Q503	How many other children who do not have the same mother and father as you are you taking care of?	Boys Girls Don't know No response	[ ][ ] [ ][ ] 88 99	
Q504	Are any other members of the household earning income?	Yes No Don't know No response	1 2 88 99	
Q505	What types of work?	Self employment One of household members In paid employment Hawking Child labor Exchange sex for money Support from relatives Support from institution Other _____ Don't know No response	1 2 3 4 5 6 7 8 9 88 99	More than one answer is possible
Q506	If you depend on support from relatives and other institutions, how regular is the support?	Daily Once a week Once in 2 weeks Once a month Once in 3 months Other _____ Don't know No response	1 2 3 4 5 6 88 99	
Q507	If you depend on support from relatives and other institutions, how is the support?	Adequate Not adequate Don't know No response	1 2 88 99	
Q508	What is the nature of the support you receive?	Financial assistance Food assistance School fees Medical fees Vocational training Other _____ Don't know No response	1 2 3 4 5 6 88 99	More than one answer is possible
Q509	What do you see as the greatest challenge of heading a household?	_____ _____ _____ Don't know No response	   88 99	



## Appendix I: Example Consent Forms

### Example Consent Form #1

#### Oral Informed Consent for Guardians

(Zambia SCOPE Project)

#### Introduction:

“My name is .... I’m working for SCOPE. We’re interviewing children between the ages of 6 and 12 years here in [name of city, region, or site] in order to find out what their experiences are as orphans and vulnerable children. Are there any children living in this household who have lost either their mother or father? Have any of these children been interviewed in the past few weeks [or other appropriate time period] for this study?” IF THE RESPONDENT STATES THAT A CHILD IN THE HOUSEHOLD HAS BEEN INTERVIEWED BEFORE, DO NOT INTERVIEW ANYONE IN THIS HOUSEHOLD AGAIN. Explain to them that you cannot interview them a second time; thank them; and end the interview. If they have not been interviewed before, continue.

#### Confidentiality and Consent:

“I’m going to ask the child some personal questions that some people may find difficult to answer. The answers are completely confidential, and the name of the child will not be written on this form and will never be used in connection with any of the information provided. The child does not have to answer any questions that he or she does not want to answer, and may end this interview at any time he or she wants. We would greatly appreciate your help in responding to this interview. The interview will take about 10 minutes. Would you be willing to let one of the children participate?”

“I would also like to ask you a few questions about your life and the lives of your children. We are asking these questions so that we can understand the situation better and be able to develop support programs for you and your family. The questions for you will take only about 10 minutes. Would you be willing to participate?”

Signature of Interviewer \_\_\_\_\_ Date \_\_\_\_\_

(certifying that informed consent has been given verbally by respondent)

Signature of Interviewer \_\_\_\_\_ Date \_\_\_\_\_

(certifying that informed consent has been given verbally by respondent)

## Example Consent Form #2

### Oral Informed Consent for Youth

(Zambia SCOPE Project)

#### Introduction:

“My name is .... I’m working for SCOPE. We’re interviewing children between the ages of 13 and 18 years here in [name of city, region or site] in order to find out what their experiences are as orphans and vulnerable children. Have you been interviewed in the past few weeks [or other appropriate time period] for this study?” IF THE RESPONDENT HAS BEEN INTERVIEWED BEFORE, DO NOT INTERVIEW THIS PERSON AGAIN. Explain to them that you cannot interview them a second time; thank them; and end the interview. If they have not been interviewed before, continue.

#### Confidentiality and Consent:

“I’m going to ask you some very personal questions that some people may find difficult to answer. Your answers are completely confidential, which means I am not going to talk to anyone about what you tell me. Your name will not be written on this form and will never be used in connection with any of the information you tell me. You do not have to answer any questions that you do not want to answer, and you may end this interview at any time you want. However, your honest answers to these questions will help us better understand what people think, say, and do about orphans and vulnerable children. We would greatly appreciate your help in responding to this interview. The survey will take about 30 minutes. Would you be willing to participate?”

Signature of Interviewer \_\_\_\_\_ Date \_\_\_\_\_

(certifying that informed consent has been given verbally by respondent)

Signature of Interviewer \_\_\_\_\_ Date \_\_\_\_\_

(certifying that informed consent has been given verbally by respondent)





Family Health International  
Institute for HIV/AIDS  
2101 Wilson Blvd., Suite 700  
Arlington, VA 22201 USA  
Telephone: 703.516.9779  
Fax: 703.516.9781  
[www.fhi.org](http://www.fhi.org)

